



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
JACQUELINE FERGUSON-MIYAMOTO, *CHAIRPERSON*
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RYAN YAMANE
ROBERT YU
ADMINISTRATOR
DEREK M. MIZUNO
ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

June 19, 2024

NOTICE OF MEETING OF THE BOARD OF TRUSTEES
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

DATE: June 25, 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 – May 28, 2024
- III. Old Business
 - A. Benefits Administration System Implementation Status Update
- IV. New Business
 - A. Prescription Drug Plan Retiree Rates Effective January 1, 2025 – Caremark and SilverScript
 - B. County of Kauai Special Open Enrollment
- V. Administrative Committee Report
 - A. Proposed EUTF Administrative Rule Changes
 - B. Strategic Plan Update as of December 31, 2023
- VI. Reports
 - A. EUTF Benefits Consultant (Segal)
 1. 2024 Second Quarter Trends

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.

2. Compliance News
 - B. Administrator
 1. Meetings with Legislators and Unions
 2. Staffing Update
 3. Training
 - C. EUTF Managers' and Program Specialists' Reports
 1. Member Services Branch (MSB)
 - a. MSB Data
 - b. Outreach & Training
 - c. 2024 Active Employee Open Enrollment
 2. Information Systems (IS)
 - a. EUTF New Benefits Administration System (BAS) Project
 - b. Security Assessment
 - c. Enrollment Counts
 3. Eligibility and Enrollment Report
 - a. Audits Currently in Progress
 - b. Point in Time Reconciliation Audits
 - c. Recurring Audits
 4. Health and Wellness Report
 - a. Worksite Wellness
 - b. Preventive Health
 - c. Chronic Disease Management
 5. Financial Services Branch (FSB)
 - a. FSB Performance Data
 - b. Refunds and Medicare Part B Overpayments Status
 - c. EUTF Collections
 - d. Financial Statements as of April 30, 2024
 - D. Carrier Reports
 1. CVS Caremark
 2. SilverScript
 3. Hawaii Dental Service (HDS)
 4. Hawaii Medical Service Association (HMSA)
 5. Humana
 6. Kaiser Health Foundation
 7. Securian
 8. Verdegard Administrators (formerly known as HMA)
 9. Vision Service Plan (VSP)
- VII. Executive Session
- A. Retiree Rates Effective January 1, 2025 for Hawaii Medical Service Association (HMSA), Kaiser Health Foundation, Humana, Hawaii Dental Service (HDS), Vision Service Plan (VSP), and Securian [Authorized under HRS 92-5a(4)(8)]
 - B. Deputy Attorney General Legal Opinions [Authorized under HRS 92-5(a)(4)]
 - C. Review of Minutes – May 28, 2024 [Authorized under HRS 92-5(a)(8) and 92-9(b)]
 - D. Administrative Committee – Personnel [Authorized under HRS 92-5a(2)(8)]

VIII. Next Meeting
Tuesday, July 30, 2024, 9:00 a.m. – Benefits Committee Report

IX. 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, 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: Board Meeting-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_N2EwODJmOTItMzYwNS00ZGJmLTg4ZDctMzhlOTM5MDNmY2Qw%40thread.v2/0?context=%7b%22id%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_N2EwODJmOTItMzYwNS00ZGJmLTg4ZDctMzhlOTM5MDNmY2Qw%40thread.v2/0?context=%7b%22id%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: 986 584 138#

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 Board of Trustees
3 Tuesday, May 28, 2024
4

5 TRUSTEES PRESENT

6 Ms. Jacqueline Ferguson-Miyamoto, Chairperson Ms. Sabrina Nasir (via video conference, excused at 9:45 a.m.)
7 Mr. James Wataru, Vice Chairperson Mr. Osa Tui
8 Mr. Wesley Machida, Secretary-Treasurer Ms. Maureen Wakuzawa
9 Mr. Christian Fern Mr. Ryan Yamane (via video conference, entered at 9:58 a.m.)
10 Ms. Audrey Hidano Mr. Robert Yu

11
12 TRUSTEES ABSENT

13 None

14
15 ATTORNEY

16 Mr. Michael Chambrella, Deputy Attorney General
17

18 EUTF STAFF

19 Mr. Derek Mizuno, Administrator Ms. Katie Matsushima (via video conference)
20 Ms. Donna Tonaki, Assistant Administrator Ms. Jessica McDonald (via video conference)
21 Mr. David Okamoto, Chief Investment Officer Mr. Todd Nishida (via video conference)
22 Ms. Desiree Yamauchi Ms. Lara Nitta (via video conference)
23 Mr. Marvin Judd (via video conference) Mr. Brett Tatsuno (via video conference)
24 Ms. Emily Kaimuloa (via video conference) Ms. Melissa Tom (via video conference)
25 Mr. Joao Marco Maffini (via video conference)
26

27 CONSULTANTS (via video conference, unless otherwise noted)

28 Mr. Jonathan Camp, Meketa Investments Ms. Stephanie Sorg, Meketa Investment
29 Ms. Shelley Chun, Segal Consulting Mr. Richard Ward, Segal Consulting (in person)
30 Mr. Stephen Murphy, Segal Consulting (in person)
31

32 OTHERS PRESENT (via video or audio conference, unless otherwise noted)

33 Ms. Stacia Baek, HDS Ms. Joey Lee, HDS
34 Mr. Kevin Balaod, With.Intelligence Mr. Chris Letoto, HMSA (in person)
35 Ms. Amy Bell, TELUS Health Ms. Charina Masatsugu, Kaiser
36 Ms. Carol Bernal, Verdegard Ms. Denise Mercil, Securian
37 Ms. Tammi Bongoll, Kaiser Mr. Kurt Neuenfeld, CVS
38 Mr. Ty Bowers, CVS Mr. Clesson Pang, HDS
39 Mr. Su Chai, Kaiser Mr. Dave Shiroma, Kaiser
40 Mr. Francis Cuenca, CVS Ms. Jenny Smith, Humana
41 Mr. Thomas England, Kaiser Dr. Rodd Takiguchi, Kaiser
42 Mr. Galen Haneda, HMSA Mr. Troy Tomita, Kaiser
43 Ms. Monica Kim, VSP Ms. Gretel Tsoi, HDS
44 Ms. Meagan Kini-Ho, HMSA (in person) Ms. Anne VanHaaren, CVS
45 Ms. Mae Kishimoto, HSTA-Retired Mr. Scott Yamaguchi, Kaiser
46 Mr. Lawrence Lau, HDS
47

48 I. CALL TO ORDER

49 The meeting of the Board of Trustees of the Hawaii Employer-Union Health Benefits Trust
50 Fund (EUTF) was called to order at 9:00 a.m. by Chairperson Jacqueline Ferguson-Miyamoto,
51 in the EUTF Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Tuesday,
52 May 28, 2024.
53

1 II. REVIEW OF MINUTES – APRIL 16, 2024

2 The Board reviewed the draft minutes of April 16, 2024.

3
4 MOTION was made and seconded to approve the minutes of April 16, 2024, as circulated.
5 (Wataru/Fern) The motion passed unanimously. (Employer Trustees-4/
6 Employee-Beneficiary Trustees-5)

7
8 III. OLD BUSINESS

9 A. Benefits Administration System Implementation Status Update

10 Ms. Donna Tonaki and Ms. Amy Bell, TELUS Health provided an update on the
11 implementation of the new Benefits Administration System (BAS) noting the following:

- 12 • Implementation of Sprint 3 into Production was mutually agreed to move from June 12
13 to July 2, 2024 to provide more time for TELUS Health and delay until after open
14 enrollment changes (i.e., July 1, 2024) are in Production.
- 15 • The remaining fix of the six payroll and other accounting report and SSI Import defects
16 continue to be planned for Sprint 3 implementation.
- 17 • Death imports continue to be worked on with the Department of Health and TELUS
18 Health. The expected completion date has been pushed back to August 30, 2024.
- 19 • Situations where the retiree is enrolled in Medicare while their dependent is non-
20 Medicare or vice versa, was resolved in Production on May 3, 2024.
- 21 • Milestone (e.g., when a surviving spouse's dependent child turns 19-23, the BAS is
22 supposed to mail a letter requesting a student certification for retiree coverage) and
23 expiry (e.g., if the student certification is not submitted, the BAS is supposed terminate
24 the dependents applicable coverages) jobs are projected to be completed by October 31,
25 2024. The milestone jobs related to certification of students of surviving spouses and
26 retiree Medicare enrollment of surviving spouses and domestic partners is currently not
27 automated and EUTF staff are manually identifying this small group and mailing letters
28 monthly. Also, the student and retiree Medicare certification expiry jobs are also not
29 automated and EUTF staff are manually terminating the applicable coverages. The
30 student expiry job is in UAT and TELUS Health is currently testing before handing off
31 to EUTF and the other jobs are targeted after Sprint 4.

32
33 B. Maui Update

34 Mr. Derek Mizuno informed the Board that there are no updates related to members with
35 unpaid premiums who have informed us that they were negatively impacted by the Maui
36 wildfires and were not able to make healthcare premium payments. Additionally, the
37 waiver related to submission of enrollment forms and supporting document deadlines ends
38 June 30, 2024 and EUTF staff are not recommending extension. This item will be removed
39 from future agenda unless there are significant updates.

40
41 C. 2024 EUTF Related Legislation

42 Mr. Mizuno informed the Board that the EUTF bill related to the base monthly contribution
43 died as the House did not agree to the Senate's correction of the effective date and the
44 House did not appoint conferees. EUTF staff will recommend proposal at a future EUTF
45 Administrative Committee meeting. The other bills related to EUTF that have or are likely
46 to become law will not have a significant impact on operations. This item will be removed
47 from future agenda unless there are significant updates.

1 IV. OLD BUSINESS

2 A. New Chairperson (Employer Trustee) and Vice Chairperson (Employer Trustee) Effective
3 July 1, 2024

4 MOTION was made and seconded to appoint Trustee Ryan Yamane as Chairperson of the
5 Board and Trustee Robert Yu as Vice Chairperson of the Board effective July 1, 2024.
6 (Machida/Hidano) The motion passed unanimously. (Employer Trustees-4/Employee-
7 Beneficiary Trustees-5)

8
9 V. COMMITTEE REPORTS

10 A. Investment Committee

11 1. Quarterly Performance Report – Q1 2024

12 Ms. Stephanie Sorg, Meketa Investments, highlighted significant points in the Q1 2024
13 Performance Report. The OPEB Trust finished the quarter at \$7.6 billion, gaining 3.7%
14 and 10.3% for the quarter and 1-year, respectively (net of fees), underperforming the
15 policy benchmark of 4.1% and 11.5%, respectively. Underperformance during both
16 periods was primarily attributed to short-term benchmarking challenges within the
17 Private Equity and Private Credit asset classes. Since inception (June 23, 2011), the
18 portfolio has returned 7.3% (net of fees) versus the policy benchmark return of 7.3%.

19
20 During the quarter, all public managers with the exception of Northern Trust (Non-US
21 Public Equity), SLC (Long Treasuries), Nephila (Reinsurance), and Pillar
22 (Reinsurance) performed in line with or above their benchmarks. Northern Trust and
23 SLC are passive/enhanced index strategies, so they have closely tracked the benchmark
24 over longer periods. Nephila and Pillar produced solid absolute results during the
25 quarter but underperformed the benchmark due to differences in how they accrue
26 returns. Nephila and Pillar accrue premiums based on the timing/probability of events,
27 so are more weighted towards summer months, while the benchmark realizes returns
28 more linearly.

29
30 Ms. Sorg reported that the EUTF Trust Fund finished the quarter at \$573.3 million, up
31 4.5% and 10.7% for the quarter and 1-year, respectively (net of fees). Since inception
32 (October 1, 2013), the portfolio has returned 3.8% (net of fees).

33
34 2. Quarterly Private Equity Report and Annual Portfolio Review – Q4 2023

35 Mr. David Okamoto highlighted significant points in the Private Equity Annual
36 Performance Review. Since reporting for private market investments is lagged by one
37 quarter, the report covers performance through fourth-quarter 2023. At the end of the
38 quarter, Private Equity reported a market value of \$735.2 million (10.2% of the OPEB
39 Trust), with a since inception return of 14.7% (net of fees), outperforming the asset
40 class benchmark of 7.2%.

41
42 3. Quarterly Private Real Assets Report – Q4 2023

43 4. Quarterly Private Credit Report – Q4 2023

44 These reports are for information only and were not discussed.

45
46 5. OPEB Asset-Liability Study Part 2

47 Ms. Sorg and Mr. Jonathan Camp, Meketa Investments, presented the final step of the
48 OPEB Asset-Liability (A/L) study, which seeks to establish a new long-term strategic

1 asset allocation policy for the OPEB Trust. The capital market assumptions for each
2 asset class presented during the March meeting were used in an iterative modeling
3 process to arrive at a set of three portfolio options, each representing varying levels of
4 risk and return. Unlike past asset allocation studies, this process also integrated OPEB's
5 liabilities (projected future benefit payments) and their effect on projected funded status
6 and portfolio volatility.

7
8 Option A represents a more conservative risk posture with the same expected return as
9 the Current Policy, but slightly lower risk characteristics (standard deviation and
10 expected max drawdown). Option B has a higher expected return than the Current
11 Policy with a moderate increase in risk. Option C has the highest expected return and
12 risk characteristics of the three options. Options A and B would require smaller changes
13 to the underlying asset class targets relative to Option C that would entail a more
14 meaningful increase to global equity. Option B was recommended by Meketa and
15 EUTF staff.

16
17 MOTION was made and seconded to approve the Investment Committee's
18 recommendation of Option B as the long-term strategic allocation for the EUTF OPEB
19 Trust. (Wataru/Fern) The motion passed unanimously. (Employer Trustees-4/
20 Employee-Beneficiary Trustees-5)

21
22 Trustee Sabrina Nasir was excused from the meeting at 9:45 a.m.

23
24 B. Benefits Committee

25 1. Utilization Reports for the period ending December 31, 2023

- 26 a. Kaiser Permanente Semi-Annual Utilization Report
27 b. HMSA Semi-Annual Utilization Report
28 c. VSP Annual Retiree Utilization Report
29 d. HDS Annual Retiree Utilization Report

30 Mr. Mizuno summarized the Benefits Committee Report related to these items.

31
32 2. Proposed Plan Changes

33 Mr. Mizuno summarized the Benefits Committee Report related to the proposed plan
34 changes and the Committee's recommendations.

35 a. HDS

36 MOTION was made and seconded to approve the Benefits Committee's
37 recommendation to:

- 38 • Cover basic services at 80% with a \$50 deductible on services not covered at
39 100% for the EUTF and HSTA VB retiree dental plans effective January 1,
40 2025, and
41 • Transfer \$25 million from the EUTF Trust Fund to the OPEB Trust Fund.
42 (Wataru/Machida) The motion passed unanimously. (Employer Trustees-3/
43 Employee-Beneficiary Trustees-5)

44
45 b. Kaiser Permanente

46 MOTION was made and seconded to approve the Benefits Committee's
47 recommendation to decrease the urgent care copayment to \$15 under the EUTF and
48 HSTA VB Kaiser Permanente Senior Advantage plans effective January 1, 2025.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board of Trustees Meeting

May 28, 2024 Minutes

Page 5

1 (Wataru/Tui) The motion passed unanimously. (Employer Trustees-3/Employee-
2 Beneficiary Trustees-5)

3
4 MOTION was made and seconded to approve the Benefits Committee's
5 recommendation to add residential hospice coverage at 100% under the HSTA VB
6 Kaiser Permanente Senior Advantage plan effective January 1, 2025. (Wataru/Tui)
7 The motion passed unanimously. (Employer Trustees-3/Employee-Beneficiary
8 Trustees-5)

9
10 MOTION was made and seconded to approve the Benefits Committee's
11 recommendation to adopt the benefit maximum mandated by the State of Hawaii
12 for coverage of orthodontic treatment of orofacial anomalies for the EUTF and
13 HSTA VB Kaiser Permanente active employee and non-Medicare retiree
14 medical/prescription drug plans. (Wataru/Tui) The motion passed unanimously.
15 (Employer Trustees-3/Employee-Beneficiary Trustees-5)

16
17 MOTION was made and seconded to approve the Benefits Committee's
18 recommendation to remove the limitation of two elective pregnancy terminations of
19 non-viable fetuses per lifetime under the EUTF and HSTA VB Kaiser Permanente
20 active employee and non-Medicare retiree medical/prescription drug plans effective
21 July 1, 2025 and January 1, 2025, respectively. (Wataru/Tui) The motion passed
22 unanimously. (Employer Trustees-3/Employee-Beneficiary Trustees-5)

23
24 Trustee Ryan Yamane entered the meeting at 9:58 a.m.

25
26 c. HMSA

27 MOTION was made and seconded to approve the Benefits Committee's
28 recommendation to adopt the benefit maximum mandated by the State of Hawaii,
29 rounded up to the nearest \$10, for coverage of orthodontic treatment of orofacial
30 anomalies for the EUTF and HSTA VB HMSA active employee and retiree medical
31 plans. (Wataru/Tui) The motion passed unanimously. (Employer Trustees-4/
32 Employee-Beneficiary Trustees-5)

33
34 d. Humana

35 MOTION was made and seconded to approve the Benefits Committee's
36 recommendation to adopt the following programs for the EUTF retiree Humana
37 Medicare Advantage plan effective January 1, 2025 through the end of the contract:

- 38 • In-Home Health and Well-Being Assessment
- 39 • SilverSneakers
- 40 • Go365 by Humana and Personal Health Coaching
- 41 • Smoking Cessation
- 42 • Meal Program
- 43 • Post-Discharge In-Home Personal Care Services
- 44 • Post-Discharge Transportation Services
- 45 • Hawaii Interisland Travel

46 (Wataru/Tui) The trustees noted that the Hawaii Interisland Travel program was
47 limited to 10 round-trip tickets per calendar year. The motion passed unanimously.
48 (Employer Trustees-4/Employee-Beneficiary Trustees-5)

1
2 e. CVS

3 MOTION was made and seconded to approve the Benefits Committee's
4 recommendation to add prior authorization on Rezdifra under the EUTF active
5 employee and non-Medicare retiree prescription drug plans administered by CVS
6 effective July 1, 2024. (Wataru/Tui) The motion passed unanimously. (Employer
7 Trustees-4/Employee-Beneficiary Trustees-5)
8

9 3. 2024 Segal Retiree Annual Report

10 4. Segal Open Panel HMO Analysis (informational only)

11 Mr. Mizuno summarized the Benefits Committee's report related to these items.
12

13 VI. REPORTS

14 A. EUTF Benefits Consultant (Segal)

15 1. Quarterly Plan Performance Report – March 31, 2024

16 2. Quarterly Performance Guarantee Report – March 31, 2024

17 3. Affordable Care Act Dollar Amount and Percentages

18 4. Guidance Clarifies RDS and Creditable Coverage Calculation

19 5. Health Accounts Can't Be Used for General Health Expenses

20 6. Mental Health Parity Covers Treatment of Eating Disorders

21 Mr. Steve Murphy, Segal Consulting, summarized the Segal updates.
22

23 B. Administrator

24 1. Meetings with Legislators and Unions

25 2. Staffing Update

26 3. Training

27 C. EUTF Managers' and Program Specialists' Reports

28 1. Member Services Branch (MSB)

29 a. MSB Data

30 b. Outreach & Training

31 c. 2024 Active Employee Open Enrollment

32 Ms. Donna Tonaki noted that active employee open enrollment was conducted
33 online with nearly 60% (2,800 out of 4,800) of members completing online
34 enrollment. Since there were significantly less open enrollment forms to process,
35 MSB staff for the most part were able to process the forms. There were no
36 significant issues with open enrollment.
37

38 2. Information Systems (IS)

39 a. EUTF New Benefits Administration System (BAS) Project

40 b. Security Assessment

41 c. Enrollment Counts

42 3. Eligibility and Enrollment Report

43 a. Audits Currently in Progress

44 b. Point in Time Reconciliation Audits

45 c. Recurring Audits

46 4. Health and Wellness Report

47 a. Worksite Wellness

48 b. Preventive Health

- 1 c. Chronic Disease Management
- 2 5. Financial Services Branch (FSB)
- 3 a. FSB Performance Data
- 4 b. Refunds and Medicare Part B Overpayments Status
- 5 c. EUTF Collections
- 6 d. Financial Statements as of February 29 and March 31, 2024
- 7 D. Carrier Reports
- 8 1. CVS Caremark
- 9 2. SilverScript
- 10 3. Hawaii Dental Service (HDS)
- 11 4. Hawaii Medical Service Association (HMSA)
- 12 5. Humana
- 13 6. Kaiser Health Foundation
- 14 7. Securian
- 15 8. Verdegard Administrators (formerly known as HMA)
- 16 9. Vision Service Plan (VSP)
- 17

18 Ms. Mae Kishimoto, HSTA-Retired, commended the EUTF for providing carrier
19 contact info on the home page of the EUTF's website, but had concerns that the banner
20 scrolled too quickly and she had to wait for message to circle back so she could click on
21 the banner for more info.
22

23 VII. EXECUTIVE SESSION

24 MOTION was made and seconded to move into Executive Session at 10:37 a.m. (Wataru/Tui)
25 The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

26
27 The regular meeting reconvened at 10:49 a.m.

28
29 Chairperson Ferguson-Miyamoto reported that during Executive Session, the Board:

- 30 • Approved a commitment of funds to a private real assets fund, subject to contract
- 31 negotiations.
- 32 • Approved a commitment of funds to a private credit fund, subject to contract negotiations.
- 33 • Authorized the EUTF Administrator to contract with the Department of Commerce and
- 34 Consumer Affairs, State of Hawaii for administrative services.
- 35 • Reviewed and discussed the April 16, 2024 minutes.
- 36

37 MOTION was made and seconded to approve the Executive Session minutes of April 16,
38 2024, as circulated. (Wataru/Machida) The motion passed unanimously. (Employer
39 Trustees-4/Employee-Beneficiary Trustees-5)

40
41 VIII. NEXT MEETING

42 Tuesday, June 25, 2024, 9:00 a.m. –Administrative Committee Report and proposed retiree
43 premiums January 1, 2025.
44

45 IX. ADJOURNMENT

46 MOTION was made and seconded for the Board to adjourn the meeting at 10:51 a.m.
47 (Wataru/Yu) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary
48 Trustees-5)

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board of Trustees Meeting

May 28, 2024 Minutes

Page 8

1
2 Respectfully submitted,
3
4

5
6 _____
7 Wesley Machida, Secretary-Treasurer

8 Documents Distributed:

- 9 1. Draft Board Minutes of April 16, 2024. (7 pages)
10 2. Hawaii EUTF – Ariel BAS Update, prepared by TELUS Health, dated May 28, 2024. (5 pages)
11 3. Memorandum to BOT from Administrator, regarding Maui Update, dated May 22, 2024. (2
12 pages)
13 4. EUTF Legislative Update, dated May 20, 2024. (2 pages)
14 5. Memorandum to EUTF BOT from Investment Committee, regarding May 20, 2024 Investment
15 Committee Meeting Report, dated May 20, 2024. (3 pages)
16 6. Memorandum to EUTF BOT from EUTF Benefits Committee, regarding CONFIDENTIAL:
17 Benefits Committee Report, dated May 21, 2024, Redacted Version. (4 pages)
18 7. EUTF Year to Date Contract Plan Experience Report, Contract Year to Date through March
19 2024, prepared by Segal Consulting, dated May 28, 2024. (41 pages)
20 8. Memorandum to BOT from Segal Consulting, regarding Performance Guarantee Reporting for
21 the First Quarter of 2024, dated May 28, 2024. (17 pages)
22 9. Memorandum to BOT from Segal Consulting, regarding Segal Reports – Compliance News,
23 dated May 28, 2024. (15 pages)
24 10. Administrator’s Monthly Report to the Board for April 5 – May 17, 2024, dated May 17, 2024.
25 (1 page)
26 11. Memorandum to BOT from Member Services Branch Manager, regarding April – May 2024
27 Member Services Operations Report, dated May 17, 2024. (6 pages)
28 12. Memorandum to BOT from Information Systems Chief, regarding April 2024 – May 2024
29 Information Systems (IS) Operations Report, dated May 17, 2024. (9 pages)
30 13. Memorandum to Administrator from Eligibility Specialist regarding April – May 2024
31 Eligibility and Enrollment Report, dated May 17, 2024. (2 pages)
32 14. Memorandum to EUTF BOT from Health and Wellness Specialist regarding April – May Health
33 and Wellness Specialist Report, dated May 17, 2024. (8 pages)
34 15. Memorandum to BOT from EUTF Financial Management Officer regarding April 2024 – May
35 2024 Financial Services Branch (FSB) Report, dated May 17, 2024. (25 pages)
36 16. CVS Caremark Monthly Carrier Report for April 2024 dated May 3, 2024. (2 pages)
37 17. SilverScript Monthly Carrier Report for April 2024 dated May 1, 2024. (2 pages)
38 18. HDS Monthly Carrier Report for April 2024 dated May 9, 2024. (2 pages)
39 19. HMSA Monthly Carrier Report for April 2024 dated May 8, 2024. (4 pages)
40 20. Humana Monthly Carrier Report for April 2024 dated May 8, 2024. (3 pages)
41 21. Kaiser Permanente Monthly Carrier Report for April 2024 dated May 9, 2024. (2 pages)
42 22. Securian Financial Monthly Carrier Report for April 2024 dated May 8, 2024. (1 page)
43 23. Verdegard Monthly Carrier Report for April 2024 dated May 8, 2024. (2 pages)
44 24. VSP Monthly Carrier Report for April 2024 dated May 10, 2024. (6 pages)



Hawaii EUTF – Ariel BAS Update

June 25, 2024



2024 1st and 2nd Quarter

Sprint 1 – Complete

- Scope: Payroll Issues that require Manual Intervention
- Target production date: ~~4/26/2024~~ 1/25/2024

Sprint 2 – Complete

- Scope: Active Open Enrollment
- Target production date: 3/22/2024

Sprint 3 – In Progress, UAT

- Scope: Payroll Reports & SSI
- Target production date: ~~6/12/2024~~ 7/2/2024

Sprint 4: Core System Upgrade

- Scope: 2023, Release 5 and DOH
- Target production date: 8/10/2024



Issue Summary

Item	Population Impacted	Cases Resolved	Status	Planned Resolution Date	Impact
Payroll and Other Accounting Reports	Employee and employer contributions; and carrier billing	N/A	EUTF prioritized 12 payroll and Accounting report issues to be fixed by TH. 6 have been resolved. During this reporting period, EUTF and TH have agreed to close 3 out of the 6 issues. 2 issues are included in Sprint 3, currently in UAT. TH is creating a new report to provide cumulative amounts (Ariel is providing monthly) to resolve the remaining issue.	12/31 4/30/24 6/30/24	Unable to reconcile accounts with over or under balances

Issue Summary

Item	Population Impacted	Cases Resolved	Status	Planned Resolution Date	Impact
SSI Imports	4,000	4,000	No monthly electronic system to upload certified members. EUTF staff manually uploading. Requirements rewrite and Configuration Complete. Sprint 3 UAT in progress.	10/28 2/14 3/24 5/31 6/30 9/30 12/31 6/30/24	SSI - Retirees/dependents are not enrolled in SSI but are enrolled in CVS non-Medicare plan.
Death Imports	4,300	3,992	Requirements in Progress and to be completed for Sprint 3. Configuration and Testing to be completed in Sprint 4.	10/28 2/14 3/24 5/12 6/30 7/31 12/31 6/30/24 8/30/24	Death – Members are still enrolled in plans. Medicare Part B Reimbursements were manually stopped for reported deaths.

Issue Summary

Item	Population Impacted	Cases Resolved	Status	Planned Resolution Date	Impact
Milestone Jobs - Student dependents of surviving spouses recertification - Medicare new enrollment for surviving spouses and domestic partners (DP)	<10 per month <10 per month	All being manually identified	Targeted after Sprint 4	10/31/24	EUTF manually identifying and mailing letter.
Expiry Jobs - Student expiry - Medicare expiry	Student: 400/month Medicare: 30/month	All being manually completed	Automating Expiry Jobs: - Student Expiry – ready for UAT - Medicare Expiry – Targeted after Sprint 4	10/31/24	EUTF manually processing and closing the open life events for students and Medicare




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Memorandum

To: Board of Trustees
 Hawaii Employer-Union Health Benefits Trust Fund

From: Stephen Murphy 

Date: June 25, 2024

Re: 2025 Retiree Prescription Drug Rates

Segal projected the Retiree rates for the self-insured prescription drug benefit effective January 1, 2025, through December 31, 2025. The projections include Board approved plan changes made at the October 10, 2023, Benefits Committee meeting, the October 24, 2023, December 19, 2023, April 16, 2024, and May 28, 2024, Board meetings, and the results of the contract changes from RFP 24-001.

The attached tables include a comparison of prior year’s rates provided by PSG with this year’s rates, in addition to the rate development for each Retiree composite rate. Due to declining enrollment, the HSTA VB Non-Medicare Retiree per member per month (PMPM) rate is developed based on the combined EUTF and HSTA VB Non-Medicare Retiree experience. A rate relativity adjustment between the EUTF and HSTA VB Non-Medicare Retiree plan design was applied to develop the HSTA VB Non-Medicare Retiree PMPM rate as illustrated in the rate development.

Below for reference are the surpluses and deficits by plan through December 2023 and the percent change to the single rate for 2023 through 2025:

	2021	2022	2023
Non-Medicare Retirees			
EUTF	\$3,079,999	\$872,208	-\$480,756
HSTA VB	-\$47,988	-\$44,063	\$37,177
Medicare Retirees			
EUTF	\$35,919,159	\$37,378,150	\$39,713,946
HSTA VB	\$3,004,241	\$2,231,466	\$3,692,058
Total Retirees	\$41,955,411	\$40,437,760	\$42,962,425

	2023	2024	2025
Non-Medicare Retirees			
EUTF	4.2%	7.3%	3.5%
HSTA VB	5.7%	6.7%	3.7%
Medicare Retirees			
EUTF	5.6%	0.2%	-1.2%
HSTA VB	17.7%	-0.6%	-1.6%

We look forward to reviewing this memorandum with you.

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Attachment (5874609)

**Hawaii Employer-Union Health Benefits Trust Fund
2025 Prescription Drug Monthly Rates**

	Monthly Rates		\$ Change from 2024	% Change from 2024
	Effective 1/1/2024 - 12/31/2024	Effective 1/1/2025 - 12/31/2025 *		
<i>Non-Medicare Retirees</i>				
<u>EUTF</u>				
Single	\$ 244.24	\$ 252.70	\$ 8.46	3.5%
Two-party	475.68	492.18	16.50	3.5%
Family	705.26	729.72	24.46	3.5%
<u>HSTA VB</u>				
Single	\$ 261.78	\$ 271.44	\$ 9.66	3.7%
Two-party	509.88	528.68	18.80	3.7%
Family	755.98	783.84	27.86	3.7%
<i>Medicare Retirees</i>				
<u>EUTF</u>				
Single	\$ 235.34	\$ 232.44	\$ (2.90)	-1.2%
Two-party	458.24	452.62	(5.62)	-1.2%
Family	679.44	671.08	(8.36)	-1.2%
<u>HSTA VB</u>				
Single	\$ 303.92	\$ 298.94	\$ (4.98)	-1.6%
Two-party	591.80	582.10	(9.70)	-1.6%
Family	877.46	863.06	(14.40)	-1.6%

* Based on the April 2024 enrollment by tier as supplied by EUTF.

The projections in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection

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**Hawaii Employer-Union Health Benefits Trust Fund
Projection of 2025 Rx Costs - Non-Medicare Retirees**

	EUTF PPO	HSTA VB PPO	
Experience Period: 5/2023 - 4/2024 for Claims			
	EUTF Only	HSTA VB Only	Combined
1. Claims	\$ 50,503,823	\$ 131,428	\$ 50,635,251
2. Rebates - Estimated (Experience Period 1/2023-12/2023)	\$ (17,363,400)	\$ (142,000)	\$ (17,505,400)
3. Enrollment (May - April) - Non-Medicare Members*	165,883	1,256	167,139
4. Rebate Enrollment (January - December) - Non-Medicare Members*	167,840	1,301	169,141
5. Adjustment for plan and pricing changes effective prior to 1/1/2025**	1.000	1.002	1.000
6. Adjusted Claims	\$ 50,498,260	\$ 131,629	\$ 50,629,889
Projection Period: 1/2025 - 12/2025			
Annual Trend			
7. Claims	12.8%		12.8%
8. Rebates	0.0%		0.0%
9. Claims trend months (Rebates are trended 24 months)	20		20
Applied Trend			
10. Claims $(1 + 7.) ^ (9. / 12)$	1.223		1.223
11. Rebates $(1 + 8.) ^ (9. / 12)$	1.000		1.000
12. Claims adjustment for plan and pricing changes effective 1/1/2025**	0.954		0.954
13. Claims Fluctuation Margin	1.000		1.000
14. Rebate adjustment for pricing changes effective 1/1/2025**	1.167		1.160
15. Claims and rebate adjustment for plan design relativity	1.000		1.074
Projected Costs PMPM			
16. Claims $(6. / 3. x 10. x 12. x 13. x 15.)$	\$ 354.95		\$ 379.50
17. Rebates $(2. / 4. x 11. x 14. x 15.)$	\$ (120.68)		\$ (129.03)
18. Admin Fees (Based on \$2.00 PEPM)	\$ 0.89		\$ 0.21
19. Total Projected Cost PMPM	\$ 235.16		\$ 250.68
Adjustment for Medicare Split Contracts			
20. Total Projected Cost PMPM - Medicare	\$ 228.23		\$ 294.78
21. Total Members - Non-Medicare Retirees and their Non-Medicare dependents	96%		96%
22. Total Members - Medicare dependents of Non-Medicare Retirees	4%		4%
23. Average Non-Medicare retiree family size	1.86		1.86
Total Non-Medicare Retiree Costs PEPM (19. x 21. + 20. x 22.) x 23.	\$ 437.89		\$ 470.03

* Based on enrollment reported by EUTF and CVS.

** Includes adjustments for the following:

- Effective 1/1/2024, pricing changes as a result of the RFP 20-003.
- Effective 7/1/2024, added coverage of Auvi-Q for EUTF.
- Effective 7/1/2024, added prior authorization on Rezdiffra for EUTF.
- Effective 1/1/2025, pricing changes as a result of the RFP 24-001.
- Effective 1/1/2025, addition of a \$2,000 calendar year maximum out-of-pocket (CY MOOP) and removal of the \$2,000 specialty MOOP for EUTF.
- Effective 1/1/2025, addition of a \$2,000 CY MOOP for HSTA VB.
- Effective 1/1/2025, increase Tier 3 (non-preferred brand) copays for EUTF to \$40/\$80/\$80 (Retail 90/Mail Order), \$40/\$80/\$120 (In-Network), and \$40/\$80/\$120 + 20% (Out-of-Network).

**Hawaii Employer-Union Health Benefits Trust Fund
Projection of 2025 Rx Costs - Medicare Retirees**

	EUTF PPO	HSTA VB PPO
Experience Period: 5/2023 - 4/2024 for Claims		
1. Claims	\$ 243,987,561	\$ 17,979,354
2. Rebates - Estimated (Experience Period 1/2023-12/2023)	\$ (70,138,100)	\$ (4,873,500)
3. Enrollment (May - April) - Medicare Members*	513,967	33,666
4. Rebate Enrollment (January - December) - Medicare Members*	510,032	33,968
5. Adjustment for pricing changes effective prior to 1/1/2025**	1.001	1.001
6. Adjusted Claims	\$ 244,221,054	\$ 17,996,704
7. Medicare Discounts and Subsidies	\$ (87,983,156)	\$ (6,180,690)
Projection Period: 1/2025 - 12/2025		
Annual Trend		
8. Claims	12.0%	12.0%
9. Rebates	0.0%	0.0%
10. Claims trend months (Rebates are trended 24 months)	20.0	20.0
Applied Trend		
11. Claims (1 + 8.) ^ (10. / 12)	1.208	1.208
12. Rebates (1 + 9.) ^ (10. / 12)	1.000	1.000
13. Claims adjustment for pricing changes effective 1/1/2025**	0.949	0.949
14. Claims Fluctuation Margin	1.000	1.050
15. Rebate adjustment for pricing changes effective 1/1/2025**	1.109	1.196
16. Medicare Discounts and Subsidies adjustment for 2025	1.008	1.013
Projected Costs PMPM		
17. Claims (6. / 3. x 11. x 13. x 14.)	\$ 544.70	\$ 643.43
18. Rebates (2. / 4. x 12. x 15.)	\$ (152.52)	\$ (171.58)
19. Medicare Discounts and Subsidies (7. / 3. x 16.)	\$ (172.59)	\$ (185.90)
20. Admin Fees (Based on \$2.00 PEPM for PBM and \$6.00 PMPM for EGWP)	\$ 8.64	\$ 8.83
21. Total Projected Cost PMPM - Medicare	\$ 228.23	\$ 294.78
Adjustment for Medicare Split Contracts		
22. Total Projected Cost PMPM - Non-Medicare	\$ 235.16	\$ 250.68
23. Total Members - Medicare Retirees and their Medicare dependents	94%	97%
24. Total Members - Non-Medicare dependents of Medicare Retirees	6%	3%
25. Average Medicare retiree family size	1.39	1.46
Total Medicare Retiree Costs PEPM (21. x 23. + 22. x 24.) x 25.	\$ 316.94	\$ 427.44

* Based on enrollment reported by CVS.

** Includes adjustments for the following:

- Effective 1/1/2024, pricing changes as a result of the RFP 20-003.
- Effective 1/1/2024, added prior authorization with a quantity limit to Zepbound under the EUTF and HSTA VB EGWP wrap plans.
- Effective 1/1/2025, pricing changes as a result of the RFP 24-001.
- Effective 1/1/2025, addition of a \$2,000 calendar year maximum out-of-pocket (CY MOOP) and removal of the \$2,000 specialty MOOP from the EUTF EGWP plan, as required by federal law.
- Effective 1/1/2025, addition of a \$2,000 CY MOOP to the HSTA VB EGWP plan, as required by federal law.
- Effective 1/1/2025, application of the \$2,000 CY MOOP to the EUTF and HSTA VB EGWP wrap plans.
- Effective 1/1/2025, increase Tier 3 (non-preferred brand) copays under the EUTF EGWP and wrap plans to \$40/\$80/\$80 (In-Network/Mail Order) and \$40/\$80/\$80 + 20% (Out-of-Network).



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

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DONNA A. TONAKI

June 18, 2024

TO: Board of Trustees

FROM: Derek Mizuno, Administrator

SUBJECT: County of Kauai Special Open Enrollment

Background

The County of Kauai (COK) is planning to increase their employer contribution to 100% for all tiers (i.e., single, two-party and family) for HMSA 75/25 PPO/CVS prescription drug, Kaiser Standard medical and prescription drug, Verdegard supplemental medical and prescription drug, HDS dental and VSP vision effective September 1, 2024. COK will also provide \$200 monthly for any employee who does not select a HMSA or Kaiser medical and prescription drug plans.

The following is the COK enrollment in medical/prescription drug, dental and vision plans as of April 30, 2024:

	Single	Two-party	Family	Total	%age
Medical/Rx					
HMSA 90/10	29	4	7	40	3.1%
HMSA 80/20	149	44	67	260	20.0
HMSA 75/25	288	109	192	589	45.3
HMSA HMO	10	3	6	19	1.5
KP Comp	15	2	7	24	1.8
KP Standard	55	13	34	102	7.8
Supplemental	2	4	3	9	0.7
Waived				258	19.8
				1,301	100
Dental	530	258	309	1,097	84.3
Waived				204	15.7
				1,301	100
Vision	536	241	292	1,069	82.2
Waived				232	17.8
				1,301	100%

The COK council approved the budget with the aforementioned changes on May 29, 2024 and UPW ratified the changes earlier this month, HGEA ratification closes on June 19, and SHOPO and HFFA agreed to the changes.

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.

COK Request

COK has requested a special open enrollment for 2-3 weeks in July. COK will be conducting open enrollment activities and limiting the allowable changes. COK will collect the hard copy enrollment forms and submit to the EUTF enrollment forms with allowable changes in early August. Considering the small number of employees not already enrolled in the HMSA 75/25 and Kaiser Standard plans (343), the small number not enrolled in dental and/or vision (less than 250) and the likelihood that many already moved to these two medical/prescription drug plans or enrolled in dental and vision during open enrollment, we do not expect a significant number of enrollment forms to process. COK has already agreed to the additional costs for TELUS Health to configure the benefits administration system (\$103,250).

Recommendation

EUTF staff recommend approval of a special open enrollment period for COK employees for an effective date of September 1, 2024.



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

**STATE OF HAWAII'
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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

June 18, 2024

TO: EUTF Board of Trustees

FROM: Administrative Committee

SUBJECT: Administrative Committee Report – June 18, 2024 Meeting

Proposed EUTF Administrative Rule Changes

EUTF staff proposed two changes in practice to the EUTF Administrative Rules:

1. Limit 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.
2. Deny the estate of a deceased retired employee-beneficiary from receiving retroactive Medicare Part B premium reimbursements.

There were four changes that will not change our practice related to the distinction between a foster child and child under legal guardianship, affording deference to the Board in interpreting Chapter 87A and EUTF Administrative Rules, changes to processes because of the benefits administration system online enrollment, and required documentation related to Medicare Part B premium reimbursements.

Recommendation: Approve the EUTF staff proposed EUTF Administrative Rule changes.

Strategic Plan Update as of December 31, 2023

Based on the July 1, 2023 aggregate actuarial valuation, the EUTF is meeting goals to reduce the actuarial accrued liability (AAL) at July 1, 2025 and future annual required contributions (ARC) for the period July 1, 2027 to June 30, 2044 to 90% of the amounts projected on the July 1, 2021 actuarial valuation:


	90% of Projection from 7/1/21 Valuation	Projection from 7/1/23 Valuation
Projected AAL at 7/1/25	\$17.3 billion	\$17.0 billion
Projected ARC payments 7/1/27-6/30/44	\$26.2 billion	\$20.3 billion

The primary reasons for the good performance are lower than projected healthcare premiums and for the ARC only, the two bills approved by the 2023 Legislature to eliminate reimbursement of Medicare Part B premiums for spouses and reimbursement of Medicare Part B premium income-related monthly adjustment amounts for new hires from July 1, 2023.

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.

Memorandum

To: Board of Trustees
Hawaii Employer-Union Health Benefits Trust Fund

From: Stephen Murphy 

Date: June 25, 2024

Re: Segal's 2024 Second Quarter *Trends* Report

Segal's 2024 Second Quarter *Trends* report highlights the growing gene therapy pipeline.

Gene therapy involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or turning off genes that cause medical problems.

Cancer is an area that holds tremendous promise, but there are emerging gene therapies for a variety of conditions including osteoarthritis, hemophilia, and sickle cell.

Because the administration of gene therapies is complex, often involving extended hospital stays, supplementary services and medications, the cost of treatment can be a multi-million dollar event.

Gene therapy is covered under EUTF's HMSA and Kaiser Permanente health plans. Both insurers have established policies to ensure treatments are clinically appropriate and reimbursed based on outcomes. Policies include:

- Care management to validate proposed therapies are consistent with strict FDA-approved indications
- Performance-based contracting with drug manufacturers that reimburses based on outcomes
- Rate negotiations with local and national Centers of Excellence

Attachment

cc: Derek Mizuno, EUTF
Lara Nitta, EUTF

Trends

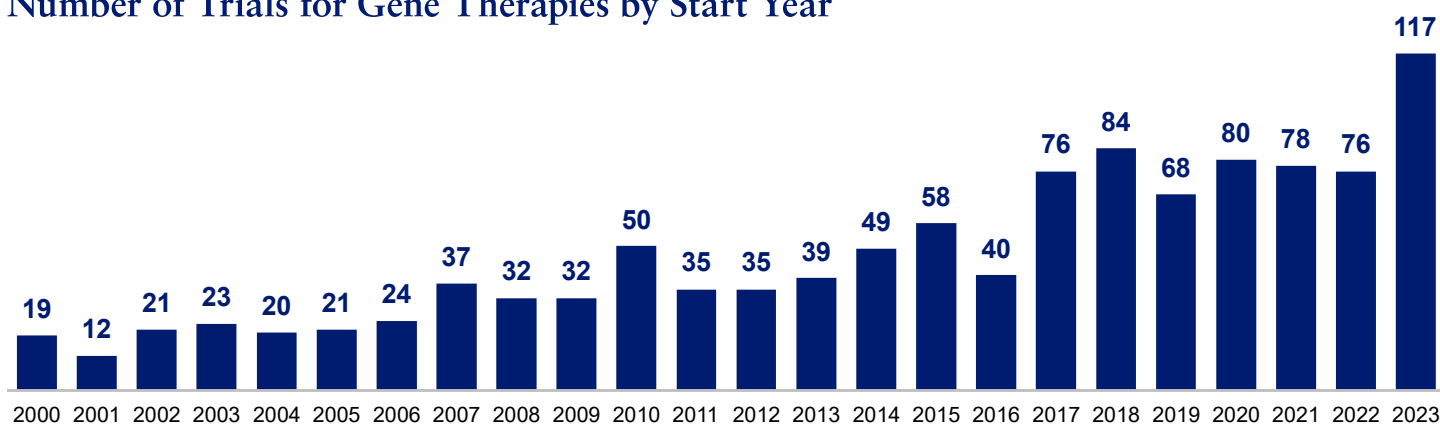
Statistics and Strategies for Health Plan Sponsors

Second Quarter 2024

Key statistics

Gene therapy is a novel approach to treat, cure or ultimately prevent disease by changing the expression of a person's genes. In recent years, there's been dramatic growth in the number of gene therapy trials.

Number of Trials for Gene Therapies by Start Year



Source: Segal using information about gene therapy trials on ClinicalTrials.gov

The growing gene therapy pipeline

The gene therapy pipeline is dynamic and continues to expand with a focus on addressing a wide range of diseases and conditions. 2023 was a breakthrough year, with seven gene therapies approved by the Food and Drug Administration (FDA). As of March 18, 2024, there are now 36 gene therapies [approved by the FDA](#), with an additional 500 in the pipeline and the expectation that 10–20 will be approved annually by 2025.

Cancer is the area that holds most promise, with the potential for FDA approval of the first Chimeric Antigen Receptor T-Cell therapy (CART-T) for chronic lymphocytic leukemia. This approval would impact a large patient population. Furthermore, research is underway for gene therapy for osteoarthritis, a form of arthritis that affects over [32.5 million](#) U.S. adults.

The growth of gene therapy has put pressure on plan sponsors to review strategies for their covered population, including financial implications and decisions about coverage criteria.

What is gene therapy and how much does it cost?

In general, gene therapy involves replacing a gene that causes a medical problem with one that does not, adding genes to help the body fight or treat disease, or turning off genes that cause medical problems. The administration of gene therapies is complex, often involving extended hospital stays, supplementary services and medications.

The total cost of gene therapy comes with a high price. While the number of people needing these therapies is currently small, the costs are extremely high. For example, a one-time injection of Hemgenix® for treatment of adults with hemophilia B costs \$3.5 million. In December 2023, two new therapies to treat sickle cell disease were approved, Casgevy™ and Lyfgenia™, with treatment costing \$2.2–3.1 million. These price points make gene therapies unaffordable for many plan sponsors.

Financing protection solutions

To support sustainable reimbursement and patient access to high-cost treatments, plan sponsors are exploring innovative financing solutions, including:

- **Stop-loss insurance.** If the plan sponsor has stop-loss insurance, it is essential to contact the insurer about these therapies to make sure that coverage is in place to reimburse the plan sponsor's expenses. If the plan does not have stop-loss coverage, emerging gene therapies might provide another reason to assess the value of obtaining the coverage. A growing number of insurers are offering specific carve-out stop-loss coverage specifically for gene therapies.
- **Installments.** These arrangements allow plan sponsors to pay for gene therapies over several years, mitigating the immediate up-front costs and smoothing the financial impact to the plan.
- **Performance-based contracting.** Under these arrangements, payment methods are determined on an individual or population-level outcome basis. Manufacturers are paid if the outcomes are achieved, with price adjustments done either prospectively or retrospectively.
- **Subscription model.** These arrangements allow plan sponsors to pay manufacturers a set price, which helps with budgeting and provides protection from the risk of utilization that's higher than expected.

Coverage considerations

Best practices for managing this complex therapy include the following:

- **Coverage language.** Initially, plan sponsors should determine whether they will cover any or all of these novel therapies. Absent clear language specifically excluding coverage for them, it is likely that they would be covered by the general terms of most plans. One approach is to cover only therapies that have been FDA-approved, are not considered experimental and are considered medically necessary for a rare subset of patients. As new gene therapies are approved, expanded indications may occur, impacting a larger portion of a plan's population. That's why it's important for plan sponsors that cover gene therapy to have a process in place to monitor newly approved treatments and the associated risks.
- **Fertility preservation.** When designing benefits that include gene therapy coverage, evaluate coverage for related services, like fertility preservation. Individuals

undergoing gene therapy may experience infertility due to medical treatments like surgery, chemotherapy or radiation. Some group insured health plans are required by state laws to cover certain fertility services.

- **Precertification/prior authorization.** This step, likely performed by the plan's utilization management (UM) provider, ensures that use of gene therapies meets at least the strict FDA-approved indications. Plan sponsors should check that their UM providers are up to date with their screening criteria and are ready to pre-certify gene therapies.
- **Network management.** There may be limited providers authorized to provide these new therapies due to the highly technical nature of the treatment, especially for rare diseases. Discuss with the network administrator the location of approved treatment facilities. The provider may be willing to add and contract with approved treatment facilities. If no in-network option is available, out-of-network reimbursement policies should be reviewed.
- **Patient and caregiver support.** The limited number of facilities (depending on gene therapy) providing a treatment may mean the center is far from a patient's home. To support these patients, many plan sponsors offer travel concierge support, including travel expense reimbursement. Some are also offering personalized patient outreach and education.

Compliance reminder

Implications of draft guidance on Part D plans for RDS and creditable coverage

Plan sponsors that offer retiree health benefits need to take a close look at that coverage in 2024 to ensure that it reflects new draft guidance from the Centers for Medicare & Medicaid Services that may affect creditability determinations in 2025. Plan sponsors also may want to consider whether a Medicare Advantage program might be the right solution for their retirees. Read more in our February 20, 2024 [insight](#).

To discuss the implications for your plan of anything covered here, contact your Segal consultant or [get in touch via our website, segalco.com](https://www.segalco.com).

This *Trends* was published in April 2024. For previous issues of *Trends* or other Segal publications, [visit the insights page of our website, segalco.com](https://www.segalco.com).

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 Segal

Memorandum

To: Board of Trustees
Hawaii Employer-Union Health Benefits Trust Fund

From: Stephen Murphy 

Date: June 25, 2024

Re: Segal Reports – Compliance News

Attached for the Board of Trustees' information is compliance news impacting EUTF's health plans.

New HIPAA Rule Will Require Updates to Policies and Notices (May 16, 2024)

The Department of Health and Human Services (HHS) recently issued a final rule that strengthens privacy protections for Protected Health Information (PHI) related to lawful reproductive healthcare.

The effective date is June 25, 2024, with a general compliance deadline of December 23, 2024. Privacy notices must be updated by February 16, 2026. Segal will assist EUTF's staff in updating its HIPAA privacy policy, as contraceptives are covered under the self-insured drug plan administered by CVS.

EUTF has more limited responsibilities associated with their fully insured group health plans (i.e., HMSA and Kaiser Permanente), because the privacy policies and procedures are maintained by the insurer. However, EUTF will need to train staff as necessary and have notices updated accordingly if they have access to PHI (e.g., name, telephone numbers, email address, Social Security Number, health plan identification number, etc.).

ACA Dollar Amounts and Percentages (June 3, 2024)

In May 2024, we updated the charts to include the 2025 inflation-adjusted amount for the Maximum Out-of-Pocket (i.e., \$9,200/Individual and \$18,400/Family).

FSA v. HSA v. HRA Comparison Chart (June 3, 2024)

The comparison chart breaks down at a glance the key elements of Flexible Spending Accounts (“FSA”), Health Savings Accounts (“HSA”), and Health Reimbursement Accounts (“HRA”) including the tax status of employer contributions, maximum contribution levels, and more.

EUTF’s portfolio of plans does not include FSAs, HSAs, or HRAs.

Attachments

cc: Derek Mizuno, EUTF
Lara Nitta, EUTF

New HIPAA Rule Will Require Updates to Policies and Notices

The Department of Health and Human Services (HHS) recently issued a final rule that strengthens privacy protections for Protected Health Information (PHI) related to lawful reproductive healthcare. The rule requires covered entities, including group health plans, to modify privacy policies and procedures and prepare new Notices of Privacy Practices reflecting the changes.



The effective date is June 25, 2024, with a general compliance deadline of December 23, 2024. Privacy notices must be updated by February 16, 2026.

Background

The [final rule](#) was issued as a result of developments in federal law concerning state abilities to restrict access to reproductive health services, including abortion, after the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022). In light of the state laws that can restrict access or impose criminal penalties for accessing abortion services, HHS is concerned that individuals may fear that their right to protection of their private health information may no longer be secure. Individuals may fear that law enforcement agencies may request and use PHI to identify persons who seek, obtain, provide or facilitate lawful reproductive healthcare, and take legal action against them.

HHS also states that the scope of concern is not limited to states where abortion is restricted but extends to individuals who travel out-of-state to obtain lawful reproductive healthcare. These individuals may be reluctant to disclose information for lawful healthcare purposes if they cannot be certain whether it will be protected.

The final rule

Restrictions on use and disclosure of reproductive healthcare PHI

To address these concerns, the final rule restricts covered entities (such as health plans healthcare clearinghouses or healthcare providers) and business associates from using or disclosing an individual's PHI for the purpose of conducting a criminal, civil or administrative investigation into or to impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating lawful reproductive healthcare. The final rule also restricts them from using PHI to identify any person for the purpose of conducting such investigation or imposing such liability.

For purposes of the final rule, lawful means either lawful under the circumstances in which such healthcare is provided and in the state in which it is provided or protected, required or authorized by federal law, including the United States Constitution, regardless of the state in which such healthcare is provided. There is a presumption under the final rule that reproductive healthcare provided by another person is lawful unless the covered entity has actual knowledge or factual information (such as a statement from the individual) that it is unlawful.

The final rule defines reproductive healthcare as healthcare that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This includes, but is not limited to, lawfully obtained contraception, including emergency contraception; management of pregnancy and pregnancy-related conditions including miscarriage and pregnancy termination; fertility or infertility diagnosis and treatment, assistive reproductive technology, and other diagnoses, treatment and care that affect the reproductive system. Reproductive healthcare activities include, but are not limited to, any of the following: expressing an interest in using, performing, furnishing, paying for, disseminating information about, arranging, insurance administering, authorizing, providing coverage for, approving, counseling about, assisting or otherwise taking action to engage in reproductive healthcare or attempting any of the same. The final rule also slightly modifies the definition of "personal representative" to be consistent with the new requirements concerning reproductive healthcare.

Required attestation

When covered entities and business associates receive a request for PHI potentially related to reproductive healthcare, the final rule requires them obtain a signed written attestation from the person requesting the PHI that the use or disclosure is not for a prohibited purpose. The attestation must meet the criteria set forth under the final rule and is not valid if the covered entity or business associate has actual knowledge that it is false or a reasonable person in the same position would not believe that the attestation is true. The attestation may be electronic if it meets certain criteria. The attestation rule applies even if the requesting entity has issued a subpoena or warrant for the PHI. However, if a person requesting the use or disclosure of PHI provides sufficient information, separate and distinct from the attestation itself, which substantiates that the reproductive healthcare was not lawful, the presumption would be overcome and the Privacy Rule would permit, but would not require, disclosure of the PHI in response to the subpoena.

Revisions to Notices of Privacy Practices

Covered entities must also amend Notices of Privacy Practices to include descriptions of the types of uses and disclosures prohibited under the final rule in sufficient detail for an individual to understand the rule. Notices must also include a description of when an attestation is required. Both descriptions must be accompanied by at least one example. The final rule also requires revisions to Notices of Privacy Practices to address requirements under the Part 2 Rule for the Confidentiality of Substance Use Disorder Patient Records, published on February 16, 2024.

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Plan sponsor implications

Self-insured group health plan sponsors must incorporate the terms of the new final rule into their HIPAA privacy compliance program. This involves several actions, including amending policies and procedures, particularly those addressing use and disclosure and authorization policies; implementing compliant attestation forms; amending Notices of Privacy Practices; and training staff and business associates on the new policies. Plan sponsors will need to have policies and training in place no later than December 23, 2024, so it may be appropriate to amend Notices of Privacy Policies as well, even though the effective date for Notices is in 2026 (because of additional rules on substance use privacy protections applicable to some covered entities).

Fully insured group health plans have more limited responsibilities, as their policies and procedures are maintained by the insurer. However, they will need to train staff as necessary and have Notices updated accordingly if they have access to PHI.

While HHS has issued a model Notice of Privacy Practices, it has not been updated since 2014, so it is unclear whether new models will be published. HHS did state it intends to publish model attestation language before the compliance deadline of December 23, 2024.

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Compliance News | June 3, 2024

ACA Dollar Amounts and Percentages

Many ACA provisions contain numbers or percentages that are indexed to various measures of inflation, and the federal government announces new numbers throughout the year.

To help you stay on top of all of the ACA amounts you need to know for your group health plan, we've got handy summary charts that we update whenever new numbers come out.

Get the Numbers



[Download Now](#) 

What's New?

In May 2024, we updated the charts to include the 2025 inflation-adjusted amounts for Health Savings Accounts and high-deductible health plans.

Subscribe for updates

We'll update the ACA percentages and dollar amounts chart as new information comes out of the government.

Make sure you're on top of the latest numbers, as well as other compliance news affecting group health plans: join our mailing list.

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Affordable Care Act Dollar Amounts and Percentages

Many provisions in the Affordable Care Act contain numbers or percentages that are indexed to various measures of inflation. The government announces new numbers at different times of the year and in different publications. The table below assembles these amounts in one place and is current as of May 9, 2024.

Indexed Amounts Affecting Group Health Plans

Item	2020	2021	2022	2023	2024	2025
Out-of-pocket (OOP) limit for non-grandfathered plans ¹	Individual: \$8,150 Family: \$16,300 (See announcement)	Individual: \$8,550 Family: \$17,100 (See announcement)	Individual: \$8,700 Family: \$17,400 (See announcement)	Individual: \$9,100 Family: \$18,200 (See announcement)	Individual: \$9,450 Family: \$18,900 (See announcement)	Individual: \$9,200 Family: \$18,400 (See announcement)
Flexible spending account (FSA) maximum salary reduction	\$2,750 (See announcement .)	\$2,750 (See announcement .)	\$2,850 (See announcement .)	\$3,050 (See announcement .)	\$3,200 (See announcement .)	
FSA maximum carryover amount ²	\$550 ³	\$550 ³ (See announcement .)	\$570 (See announcement .)	\$610 (See announcement .)	\$640 (See announcement .)	
Employer shared responsibility penalty – 4980H(a) ⁴	\$2,570 (See answers to FAQs .)	\$2,700 (See answers to FAQs .)	\$2,750 (See answers to FAQs .)	\$2,880 (See answers to FAQs .)	\$2,970 (See announcement .)	
Employer shared responsibility penalty – 4980H(b) ⁵	\$3,860 (See answers to FAQs .)	\$4,060 (See answers to FAQs .)	\$4,120 (See answers to FAQs .)	\$4,320 (See answers to FAQs .)	\$4,460 (See announcement .)	

¹ For 2014 only, the Affordable Care Act's OOP limits were the same as the OOP maximums applicable to a Health Savings Account (HSA) offered with a high-deductible health plan (HDHP). (Space constraints prevent us from showing columns of 2014–2019 data in the table above. If you need data for those years, an [older version of this document is available](#).) For 2015 and beyond, the Affordable Care Act's OOP limits are not indexed to the HSA/HDHP amounts. The HSA/HDHP amounts are shown later in this chart for ease of reference.

² An employer may either allow a carryover or offer a 2½-month grace period.

³ Starting with carryovers from 2020, the maximum carryover is 20% of the maximum salary reduction. The formula for determining the maximum carryover was established in IRS [Notice 2020-33](#). Under the Consolidated Appropriations Act of 2021, for plan years ending in 2020 and 2021, FSAs can be amended to allow: (1) carryovers (to the next year) of up to the full unused amounts remaining in the account at the end of each such year; or (2) extension of the grace period for up to 12 months after the end of such plan year. Additionally, the plan may permit a participant who ceases to participate in an FSA in calendar year 2020 or 2021 to continue to receive reimbursements through the end of the plan year in which participation ceased (including any grace period adopted by the plan).

⁴ The employer shared responsibility penalty is found in section 4980H of the Internal Revenue Code. There are two branches of the employer shared responsibility penalty. The 4980H(a) penalty is based on the total number of full-time employees. It is triggered if the employer fails to offer coverage to a certain percentage of its full-time employees and one full-time employee receives subsidized Exchange/Marketplace coverage.

⁵ The 4980H(b) penalty is based on the number of full-time employees who are not offered affordable, minimum value coverage by the employer and who receive subsidized Exchange/Marketplace coverage instead of employer coverage.

Item	2020	2021	2022	2023	2024	2025
Affordability of group health plan coverage: test applied by Exchange/Marketplace when determining if offered coverage is affordable	Not affordable if cost of employee-only coverage exceeds 9.78% of household income (See announcement.)	Not affordable if cost of employee-only coverage exceeds 9.83% of household income (See announcement.)	Not affordable if cost of employee-only coverage exceeds 9.61% of household income (See announcement.)	Not affordable if cost of employee-only coverage exceeds 9.12% of household income (See announcement.)	Not affordable if cost of employee-only coverage exceeds 8.39% of household income (See announcement.)	
Affordability of group health plan coverage: safe harbors available to employers seeking to minimize employer penalty	W-2, rate of pay and FPL safe harbors use 9.78% in the calculation (See announcement.)	W-2, rate of pay and FPL safe harbors use 9.83% in the calculation (See announcement.)	W-2, rate of pay and FPL safe harbors use 9.61% in the calculation (See announcement.)	W-2, rate of pay and FPL safe harbors use 9.12% in the calculation (See announcement.)	W-2, rate of pay and FPL safe harbors use 8.39% in the calculation (See announcement.)	
100% of the FPL (for single person living in one of the 48 contiguous states or Washington, DC), ⁶ which Exchange/Marketplace uses when calculating premium assistance tax credit	\$12,490 (See announcement.) See separate table on the next page for the FPL safe harbor calculation.	\$12,760 (See announcement.) See separate table on the next page for the FPL safe harbor calculation.	\$12,880 (See announcement.) See separate table on the next page for the FPL safe harbor calculation.	\$13,590 (See announcement.) See separate table on the next page for the FPL safe harbor calculation.	\$14,580 (See announcement.) See separate table on the next page for the FPL safe harbor calculation.	

The 2017 Tax Law reduced the individual-mandate penalty to zero. Consequently, the affordability of group health plan coverage test applied by federal government in determining if individual or family is exempt from the individual mandate is not applicable.

HSA/HDHP

Item	2020	2021	2022	2023	2024	2025
Minimum deductible	Individual: \$1,400 Family: \$2,800 (See announcement.)	Individual: \$1,400 Family: \$2,800 (See announcement.)	Individual: \$1,400 Family: \$2,800 (See announcement.)	Individual: \$1,500 Family: \$3,000 (See announcement.)	Individual: \$1,600 Family: \$3,200 (See announcement.)	Individual: \$1,650 Family: \$3,300 (See announcement.)
Maximum contribution ⁷	Individual: \$3,550 Family: \$7,100	Individual: \$3,600 Family: \$7,200	Individual: \$3,650 Family: \$7,300	Individual: \$3,850 Family: \$7,750	Individual: \$4,150 Family: \$8,300	Individual: \$4,300 Family: \$8,550
OOP maximum	Individual: \$6,900 Family: \$13,800	Individual: \$7,000 Family: \$14,000	Individual: \$7,050 Family: \$14,100	Individual: \$7,500 Family: \$15,000	Individual: \$8,050 Family: \$16,100	Individual: \$8,300 Family: \$16,600

⁶ Revised federal poverty guidelines are usually released in late January of each year. They apply to Exchange/Marketplace calculations of the premium assistance tax credit for the following year (e.g., the FPL published in the January 17, 2020 *Federal Register* (\$12,760) is used to calculate the premium assistance tax credit for 2021). Higher amounts apply to individuals living in Alaska and Hawaii.

⁷ A catch-up contribution of \$1,000 is allowed if the individual will be age 55 or older at the end of the year and is not enrolled in Medicare.

Affordability of Group Health Plan Coverage: FPL Safe Harbor Available to Employers Seeking to Minimize Employer Penalty

Plan Year ⁸	100% of FPL for Single Individual Working in 48 Contiguous States or Washington, DC	Applicable Multiplier ⁹	Maximum Affordable Monthly Premium for Self-Only Coverage
Plan year beginning January 1, 2020	\$12,490	9.78%	\$101.79
Plan year beginning February 1–December 1, 2020	\$12,760	9.78%	\$103.99
Plan year beginning January 1, 2021	\$12,760	9.83%	\$104.53
Plan year beginning February 1–December 1, 2021	\$12,880	9.83%	\$105.51
Plan year beginning January 1, 2022	\$12,880	9.61%	\$103.14
Plan year beginning February 1–December 1, 2022	\$13,590	9.61%	\$108.83
Plan year beginning January 1, 2023	\$13,590	9.12%	\$103.28
Plan year beginning February 1–December 1, 2023	\$14,580	9.12%	\$110.81
Plan year beginning January 1, 2024	\$14,580	8.39%	\$101.94
Plan year beginning February 1–December 1, 2024	\$15,060	8.39%	\$105.29

⁸ Employers may use any FPL in effect within six months before the start of the plan year. Higher levels apply to individuals working in Alaska and Hawaii.

⁹ For links to the announcements of the applicable multiplier for each year, see the “Affordability of group health plan coverage: safe harbors available to employers seeking to minimize employer penalty” row on the previous page.

Affordable Care Act Fee

Fee	2020	2021	2022	2023	2024	2025
Comparative effectiveness research fee (PCORI ¹⁰) — extended by Congress until 2029 ¹¹	\$2.54 per person (for a calendar-year plan, the amount paid by 7/31/20 for the 2019 plan year) (See announcement.)	\$2.66 per person (for a calendar-year plan, the amount paid by 7/31/21 for the 2020 plan year) (See announcement.)	\$2.79 per person (for a calendar-year plan, the amount paid by 7/31/22 for the 2021 plan year) (See announcement.)	\$3.00 per person (for a calendar-year plan, the amount paid by 7/31/23 for the 2022 plan year) (See announcement.)	\$3.22 per person (for a calendar-year plan, the amount paid by 7/31/24 for the 2023 plan year) (See announcement.)	

For more information about the amounts in these tables, including links to relevant IRS guidance and how the amounts affect your plan, please contact your Segal consultant. Segal can be retained to work with plan sponsors and their legal counsel on compliance issues.

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¹⁰ PCORI stands for the Patient-Centered Outcomes Research Institute that is partially funded through the comparative effectiveness research fee. This fee is based on the plan year (not the calendar year). The chart illustrates the amount and payment deadline for a calendar-year plan.

¹¹ The Further Consolidated Appropriations Act enacted in December 2019 (Public Law 116-94) extended these fees through plan years ending on or before 9/30/29.

Comparison of Key Elements of FSAs, HRAs and HSAs

May 2024

Plan Feature	Flexible Spending Accounts (FSAs)	Health Reimbursement Arrangements (HRAs) ¹	Health Savings Accounts (HSAs) ²
Account creator	Employer	Employer	Employer or individual
Permissible contributors	Employer and employee	Employer only	Employer and employee (but no contributions for those enrolled in Medicare)
Tax status of employer contributions	Contributions are excludable from the employee's income. Employer contributions are not subject to FICA or FUTA.	Same	Same
Pre-tax salary reduction	Permitted	Not permitted — HRAs are exclusively employer-funded	Permitted subject to maximums
Taxation of account earnings	Generally not taxable	Account is not usually funded	Generally not taxable
Vesting	No requirements	No requirements	Fully vested
Funding	Not required by IRC (could be required under ERISA)	Not required	Funding and trust are both required and subject to specific requirements.
Portability	None	None	Individual money is portable and may be rolled over into another HSA no more frequently than once in a 12-month period.
Maximum contribution level	For 2024, maximum salary reduction is \$3,200. ³	Set by employer For the plan year beginning on or after 1/1/20, plan sponsor may offer an "excepted benefit" HRA, with a maximum contribution of \$1,800 (indexed starting in 2021). ⁴ The amount is \$2,100 for 2024. ⁵ The amount will be \$2,150 for 2025. ⁶	For 2024, maximum contribution is \$4,150 (single)/\$8,300 (family). ⁷ For 2025, maximum contribution will be \$4,300 (single)/\$8,550 (family). ⁸
Catch-up contributions	Not allowed	Not allowed	\$1,000 catch-up contribution allowed if age 55 or older and not enrolled in Medicare

¹ Approved in [Notice 2002-45](#) and [Revenue Ruling 2002-41](#).

² Created by Section 223 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

³ Announced in [Revenue Procedure 2023-34](#).

⁴ "Excepted benefit" HRA and "individual coverage" HRA permitted under final rule published in the [June 20, 2019 Federal Register](#).

⁵ Announced in [Revenue Procedure 2023-23](#).

⁶ Announced in [Revenue Procedure 2024-25](#).

⁷ Announced in [Revenue Procedure 2023-23](#).

⁸ Announced in [Revenue Procedure 2024-25](#).

Plan Feature	Flexible Spending Accounts (FSAs)	Health Reimbursement Arrangements (HRAs) ¹	Health Savings Accounts (HSAs) ²
Carry-forward of amounts from year to year	Employer may either allow a carryover or offer a 2½ month grace period. ⁹ The maximum carryover was initially \$500. The maximum carryover is 20% of the maximum salary reduction ¹⁰ (\$640 in 2024 ¹¹).	Permitted — Plan may cap amount of carry-forward	Required
High-deductible health plan (HDHP)	Not required	Not required	For 2024, the minimum deductible is \$1,600 (single)/\$3,200 (family). ¹² For 2025, the minimum deductible will be \$1,650 (single)/\$3,300 (family). ¹³ Preventive care expenses do not have to be subject to the deductible.
Out-of-pocket maximum for HDHP	NA	NA	For 2024, \$8,050 (single)/\$16,100 (family). For 2025, \$8,300 (single)/\$16,600 (family). Special rules for network plans.
Other eligibility requirements	NA	Plan sponsor may offer (1) an HRA paired with individual market coverage (an “individual coverage” HRA), but may not give an employee/member the choice between this type of HRA and a traditional group health plan; or (2) an “excepted benefit” HRA, which must be offered along with a traditional group health plan (but employee/member is not required to enroll in the group plan.)	Cannot be covered by another health plan which provides coverage for benefits covered under the HDHP; with certain exceptions — accident, disability, dental, vision, long-term care or other permitted insurance such as workers’ compensation, specific disease or hospital reimbursement insurance
Rules for those enrolled in Medicare	NA	An “individual coverage” HRA may be paired with individual market coverage or with Medicare Parts A and B or Part C.	Those enrolled in Medicare cannot contribute, but can receive distributions
Reimbursable medical expenses	Medical expenses under IRC §213(d); prescription required to reimburse over-the-counter medications (but not insulin) beginning 1/1/11	Same HRAs that are paired with other group coverage that does not meet the 60% minimum value standard will have to limit the expenses that are reimbursable.	Same

⁹ For more information about the creation of the carryover option, refer to IRS Notice 2013-71. For guidance on the grace period, see IRS Notice 2005-42.

¹⁰ The formula for determining the maximum carryover was established in IRS Notice 2020-33. Revenue Procedure 2020-45 established the maximum salary reduction and carryover amount for 2021.

¹¹ Announced in [Revenue Procedure 2023-34](#).

¹² Announced in [Revenue Procedure 2023-23](#).

¹³ Announced in [Revenue Procedure 2024-25](#).

Plan Feature	Flexible Spending Accounts (FSAs)	Health Reimbursement Arrangements (HRAs) ¹	Health Savings Accounts (HSAs) ²
Reimbursement of health insurance premiums	Generally no	For an HRA paired with group coverage: certain health (e.g., COBRA and retiree health premiums) and long-term care insurance reimbursable For an HRA paired with individual market coverage (or Medicare): individual market premiums or Medicare premiums (including Medigap) reimbursable For an “excepted benefit” HRA: premiums for excepted benefits (e.g., dental and vision) or for short-term limited-duration insurance reimbursable	Certain health and long-term care insurance, including COBRA, premiums while receiving unemployment compensation, and retiree medical for individuals 65 or over (but not Medigap plans)
Distribution for non-medical expenses (including cash-outs)	Not allowed	Not allowed	Subject to tax and 20% penalty, with certain exceptions
Nondiscrimination	Required under IRC §§105 and 125 (if included in cafeteria plan)	Required under IRC §105	If not offered through a cafeteria plan, comparable contributions requirement — employer contributions (if any) must be comparable (same dollar amount or same percentage of deductible) across certain groups of employees, ¹⁴ effective 1/1/07, employers may provide lower HSA contributions to highly compensated employees
Reimbursement order	FSA always last unless HRA document states otherwise	FSA always last unless HRA document states otherwise	Cannot have HRA and FSA that cover same expenses as the HDHP
Coverage period	Generally 12 months	Plan sponsor determines	NA
“Universal coverage rule”	Applies	Does not apply	Does not apply
Expense substantiation	Plan must substantiate	Plan must substantiate	Only individual must substantiate, not plan or trustee
COBRA	Applies	Applies	Does not apply to HSA under IRC — ERISA unclear; would apply to HDHP

¹⁴ For more information about the IRS rules on comparable contributions, see [Notice 2013-54](#) and [Notice 2015-87](#), which address the impact of the ACA on HRAs.

This chart does not include “Archer MSAs.” Although Archer MSAs are still in existence, they have very limited applicability because they are only available to small employers and the self-employed. In addition, only employers or employees can make contributions to Archer MSAs (not both) and employee contributions cannot be pre-tax.

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Administrator's Monthly Report to the Board

Coverage Period: May 18 – June 14, 2024

Ongoing Projects/Issues

No.	Current Status	Progress Made During Coverage Period	Problems/Issues	Next Steps
1.	Meetings with Legislators and Unions	Met with 22 Legislators and all the unions (including HSTA-R) prior to the Legislative session.	None	None
2.	Staffing Update	Total positions 62 <i>Ongoing recruitment</i> 1. MSB Member Services Representative 2. FSB Account Clerk III 3. FSB Account Clerk III 4. FSB Account Clerk IV 5. ADMIN Investment Analyst		
3.	Training	7/29-7/30 IFEBP Health Benefit Plan Basics or Basics of Employee Benefits Administration, Boston, MA 8/1-8/2 IFEBP Health Care Cost Management, Boston, MA 9/9-9/11 Council of Institutional Investors 2024 Fall Conference, Brooklyn, NY 9/14-9/15 IFEBP Health Benefit Plan Basics or Basics of Employee Benefits Administration, Nashville, TN 9/16-9/17 IFEBP Health Care Cost Management or Investment Basics, Nashville, TN 10/16-10/17 Pension Bridge Alternatives 2024, New York, NY 11/10-11/13 IFEBP Annual Employee Benefits, San Diego, CA		

Rev 24.06.14



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

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June 14, 2024

TO: Board of Trustees
FROM: Jessica McDonald
Member Services Branch Manager
SUBJECT: May – June 2024 Member Services Operations Report

This report covers the time-period from May 18, 2024 – June 14, 2024. Additional details will be provided upon request.

a. Member Services Branch (MSB) Data

Customer Service Automated Call Distribution (ACD) Report for May 2024:

ACD	Incoming ACD Calls	Outgoing ACD Calls	Total Ans.	Average Call Duration (minutes)	% Ans.	% Ans. within 10 Sec.	% Ans. within 11-30 Sec.	% Ans. within >30 Sec.	Total Abandoned
MSB	4,202	395	3,889	4:13	92.55%	48.69%	13.61%	30.25%	313

See the attached MSB Automated Call Distribution (ACD) report for more information on call trends.

MSB’s call answer rate was 92.55% for the month of May. Members were primarily calling to check the status of their enrollment requests and retirement/Medicare inquiries. We continue to assign more MSRs on the phones daily, including additional MSRs during peak hours. Incoming calls are manageable since we are generally processing enrollment forms within the standard processing period and are clearing the backlog of non-life event documents.

Currently, there are twelve (12) MSRs; six (6) MSRs answering the ACD line, responding to emails, and walk-ins (one in training), three (3) MSRs processing retiree enrollment forms and Medicare related events, and three (3) MSRs processing active employee enrollment forms. Additionally, there are three (3) MS clerks scanning and indexing enrollment forms into the BAS.

Other Servicing Initiatives

- Number of General Emails received and responded: 248 (474 in May 2023)

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.

- Number of Walk-ins serviced: 495 (476 in May 2023)

Document Processing Status (as of 06/10/24):

	Active EC-1s		Retiree EC-2s		Medicare Related Documents*
	2024	2023	2024	2023	2024
May	334	298	221	358	434
April	135 (+21 OE)	577 (+1,248 OE)	125	361	145
March	195	245	117	276	201
February	203	426	177	389	591
January	232	559	433*	669	1,456*
	2023	2022	2023	2022	2023
December	297	434	509 (+0 OE)*	781	1,163*
November	234	471	294 (+249 OE)	665	706
October	362	NA	239 (+10 OE)	NA	420

**Retiree/Medicare counts are high due to 12/31 retirements and annual SSA letters.*

b. Outreach & Training

The Outreach & Training Team conducted one pre-retirement and one new hire presentation during the month of May. Total attendance for the month was 30.

c. 2024 Active Open Enrollment

Active Open Enrollment (OE) was held April 1 – 30, 2024 and hosted in the Member Portal. EC-1 enrollment forms were also accepted. The following are the results:

- 2,793 members completed online (no supporting documents needed)
- 973 members submitted EC-1 forms (no supporting documents needed)
- 744 members cannot determine online or EC-1 forms (required approval of supporting documents).
- 4,510 Total

EUTF has completed the processing of OE. OE was closed for Member Portal on May 1, 2024 but remained open in the Admin Portal for EUTF staff to process EC-1 forms. The EUTF closed OE completely on June 2nd. A memo was sent on June 5th to employers for distribution to employees with instructions on accessing their Confirmation Notices in the Member Portal. OE enrollments will be sent to the carriers in mid-June.

Enclosures

MSB Automated Call Distribution Report

May 2024

Day	Day of Week	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				# of Agents in ACD	Outgoing Calls
						10	10-30	> 30	< 10	10-30	> 30	Total		
1	Wednesday	212	173	81.60%	4:41	31.13%	7.55%	42.92%	2	9	28	39	6	30
2	Thursday	154	150	97.40%	4:47	56.49%	21.43%	19.48%	0	0	4	4	7	17
3	Friday	145	138	95.17%	4:45	58.62%	6.90%	29.66%	1	1	5	7	6	14
6	Monday	225	201	89.33%	4:07	38.22%	14.22%	36.89%	0	3	21	24	9	16
7	Tuesday	184	176	95.65%	4:19	63.04%	10.33%	22.28%	0	3	5	8	10	13
8	Wednesday	126	124	98.41%	3:58	63.49%	19.05%	15.87%	0	1	1	2	9	12
9	Thursday	201	161	80.10%	5:15	37.81%	4.98%	37.31%	1	7	32	40	7	30
10	Friday	160	153	95.63%	3:48	61.25%	21.25%	13.13%	0	0	7	7	9	24
13	Monday	245	229	93.47%	4:07	44.08%	19.59%	29.80%	0	7	9	16	8	10
14	Tuesday	190	186	97.89%	4:15	57.37%	16.84%	23.68%	0	3	1	4	9	18
15	Wednesday	189	178	94.18%	4:04	58.20%	10.05%	25.93%	0	3	8	11	8	25
16	Thursday	190	189	99.47%	3:59	68.42%	15.79%	15.26%	0	1	0	1	9	29
17	Friday	163	160	98.16%	4:21	62.58%	19.02%	16.56%	0	2	1	3	8	16
20	Monday	226	195	86.28%	4:38	33.19%	10.62%	42.48%	4	7	20	31	5	12
21	Tuesday	210	182	86.67%	4:30	27.14%	7.14%	52.38%	2	3	23	28	5	18
22	Wednesday	176	166	94.32%	4:00	60.80%	11.36%	22.16%	0	1	9	10	10	8
23	Thursday	153	151	98.69%	3:52	73.20%	12.42%	13.07%	0	0	2	2	9	17
24	Friday	162	158	97.53%	4:01	69.14%	16.05%	12.35%	0	0	4	4	9	26
27	Monday	HOLIDAY - MEMORIAL DAY												
28	Tuesday	241	213	88.38%	3:58	31.95%	8.71%	47.72%	0	3	25	28	6	7
29	Wednesday	228	206	90.35%	3:59	41.67%	19.30%	29.39%	0	6	16	22	8	26
30	Thursday	215	200	93.02%	3:58	44.19%	18.14%	30.70%	3	9	3	15	8	9
31	Friday	207	200	96.62%	4:10	51.21%	18.84%	26.57%	0	1	6	7	9	18
Monthly Totals		4202	3889	92.55%	4:13	48.69%	13.61%	30.25%	13	70	230	313	174	395

Report Created 6/3/2024

***The ACD Assigned MSRs column reflects how many MSRs were assigned to ACD over the day. The actual number of MSRs logged into the ACD may fluctuate throughout the day.**

MSB Automated Call Distribution Report

January to December 2024

Month	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				Agents in ACD	Outgoing Calls
					10	10-30	> 30	< 10	10-30	> 30	Total		
January	5133	4348	84.71%	4:14	23.63%	8.84%	52.23%	40	74	671	785	127	319
February	4171	3712	89.00%	4:02	37.04%	10.69%	41.26%	20	88	351	459	134	317
March	3902	3461	88.70%	4:02	33.85%	12.61%	42.23%	22	76	343	441	128	284
April	6935	5480	79.02%	4:32	16.77%	7.77%	54.48%	44	202	1209	1455	189	408
May	4202	3889	92.55%	4:13	48.69%	13.61%	30.25%	13	70	230	313	174	395
June													
July													
August													
September													
October													
November													
December													

Report Created 6/3/2024

*The ACD Assigned MSR column reflects how many MSR were assigned to ACD over the day. The actual number of MSR logged into the ACD may fluctuate throughout the day.

MSB Automated Call Distribution Report

January to December 2023

Month	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				Agents in	Outgoing Calls
					10	10-30	> 30	< 10	10-30	> 30	Total	ACD	
January	6896	3405	49.38%	6:02	2.31%	0.62%	46.45%	85	122	3284	3491	131	326
February	4125	2964	71.85%	5:18	11.44%	2.98%	57.43%	35	43	1083	1161	113	293
March	4484	3438	76.67%	4:28	18.42%	3.70%	54.55%	23	49	974	1046	115	181
April	4884	3319	67.96%	4:40	10.77%	2.38%	54.81%	27	57	1481	1565	109	220
May	4253	3798	89.30%	4:14	33.81%	6.44%	49.05%	14	31	410	455	124	238
June	4433	3654	82.43%	4:24	21.93%	4.92%	55.58%	22	47	710	779	134	180
July	4613	3425	74.25%	4:07	7.76%	3.23%	63.26%	29	52	1107	1188	116	173
August	4929	3866	78.43%	4:34	17.81%	5.42%	55.20%	40	63	960	1063	138	356
September	4742	3903	82.31%	4:23	21.78%	5.34%	55.19%	32	62	745	839	129	230
October	5013	4328	86.34%	4:09	25.71%	8.50%	52.12%	28	84	573	685	155	287
November	3989	3641	91.28%	4:16	39.18%	8.87%	43.22%	27	39	282	348	136	232
December	3875	3484	89.91%	4:22	36.39%	8.23%	45.29%	27	36	328	391	121	278

Report Created 6/3/2024



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

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June 14, 2024

TO: Board of Trustees
FROM: Todd Nishida, Information Systems Chief
SUBJECT: May 2024 - June 2024 Information Systems (IS) Operations Report

This report covers the period from May 18, 2024 through June 14, 2024. This report provides updates on certain key IS items. Additional details will be provided at the Board of Trustees meeting or upon request.

- a. EUTF Benefits Administration System (BAS) Project
EUTF has begun the reconciliation of enrollments with the carriers. The Applications section completed a reconciliation for SSI and HMSA that are being reviewed by the Eligibility Specialist. Reconciliations for the other carriers will be prepared once the review of the first two are completed.
- b. Security Assessment
The Systems section is currently engaged with Segal in a security risk assessment exercise to spotlight areas of risk and identify policy gaps in IT infrastructure, applications, and compliance. We have received the final report from Segal and are formulating a plan to remediate. The findings will be shared with Board at the next meeting.
- c. Enrollment Counts
Ariel BAS enrollment counts for the month of May are attached.

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.

Enrollment Counts - Active (Summary)

The table below shows Active enrollment for period ending 05-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,491	1,304	3,795
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,893	8,010	18,903
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	20,063	20,136	40,199
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	703	366	1,069
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,990	2,875	6,865
HMO Standard Kaiser Medical, Drug and Chiro	9,357	8,499	17,856
HMA Supplemental Medical and Drug	575	954	1,529
EUTF Total	48,072	42,144	90,216
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	779	756	1,535
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,700	2,579	4,279
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	611	785	1,396
HSTA VB Total	3,090	4,120	7,210
Medical Total	51,162	46,264	97,426
Drug			
EUTF			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,491	1,304	3,795
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,893	8,010	18,903
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	20,061	20,135	40,196
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	703	366	1,069
EUTF Total	34,148	29,815	63,963
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	779	756	1,535
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,700	2,579	4,279
HSTA VB Total	2,479	3,335	5,814
Drug Total	36,627	33,150	69,777
Dental			
EUTF			
Dental (HDS)	50,363	44,115	94,478
EUTF Total	50,363	44,115	94,478
HSTA VB			
HSTA VB Dental (HDS)	3,290	4,248	7,538
HSTA VB Supplemental Dental (HDS)	80	136	216
HSTA VB Total	3,370	4,384	7,754
Dental Total	53,733	48,499	102,232
Vision			
EUTF			
Vision (VSP)	48,273	40,973	89,246
EUTF Total	48,273	40,973	89,246
HSTA VB			
HSTA VB Vision (VSP) - Stand Alone	182	356	538
HSTA VB Vision (VSP) bundled with Medical	3,090	3,695	6,785
HSTA VB Total	3,272	4,051	7,323
Vision Total	51,545	45,024	96,569
Life			
EUTF			
EUTF Securian Life Insurance	57,886	0	57,886
EUTF Total	57,886	0	57,886
HSTA VB			
HSTA VB Securian Life Insurance	4,015	0	4,015
HSTA VB Total	4,015	0	4,015
Life Total	61,901	0	61,901

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 05-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	1,823	331	337	2,491
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	6,938	1,810	2,145	10,893
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,884	3,488	5,691	20,063
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	533	71	99	703
HMO Comprehensive Kaiser Medical, Drug and Chiro	2,575	667	748	3,990
HMO Standard Kaiser Medical, Drug and Chiro	5,408	1,597	2,352	9,357
HMA Supplemental Medical and Drug	173	119	283	575
Medical Total	28,334	8,083	11,655	48,072
Drug				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	1,823	331	337	2,491
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	6,938	1,810	2,145	10,893
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,883	3,487	5,691	20,061
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	533	71	99	703
Drug Total	20,177	5,699	8,272	34,148
Dental (HDS)	27,783	10,719	11,861	50,363
Vision (VSP)	27,270	9,993	11,010	48,273
Life Insurance (Securian)	57,886			57,886

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,491	1,304	3,795
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,893	8,010	18,903
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	20,063	20,136	40,199
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	703	366	1,069
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,990	2,875	6,865
HMO Standard Kaiser Medical, Drug and Chiro	9,357	8,499	17,856
HMA Supplemental Medical and Drug	575	954	1,529
Medical Total	48,072	42,144	90,216
Drug			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,491	1,304	3,795
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,893	8,010	18,903
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	20,061	20,135	40,196
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	703	366	1,069
Drug Total	34,148	29,815	63,963
Dental (HDS)	50,363	44,115	94,478
Vision (VSP)	48,273	40,973	89,246

Data Taken 05-22-2024

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 05-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	440	115	224	779
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	617	290	793	1,700
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	284	95	232	611
Medical Total	1,341	500	1,249	3,090
Drug				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	440	115	224	779
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	617	290	793	1,700
Drug Total	1,057	405	1,017	2,479
Dental				
HSTA VB Dental (HDS)	1,328	697	1,265	3,290
HSTA VB Supplemental Dental (HDS)	11	32	37	80
Dental Total	1,339	729	1,302	3,370
Vision				
HSTA VB Vision (VSP) - Stand Alone	26	47	109	182
HSTA VB Vision (VSP) bundled with Medical	1,375	615	1,100	3,090
Vision Total	1,401	662	1,209	3,272
Life Insurance (Securian)	4,015			4,015

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	779	756	1,535
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,700	2,579	4,279
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	611	785	1,396
Medical Total	3,090	4,120	7,210
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	779	756	1,535
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,700	2,579	4,279
Drug Total	2,479	3,335	5,814
Dental			
HSTA VB Dental (HDS)	3,290	4,248	7,538
HSTA VB Supplemental Dental (HDS)	80	136	216
Dental Total	3,370	4,384	7,754
Vision			
HSTA VB Vision (VSP) - Stand Alone	182	356	538
HSTA VB Vision (VSP) bundled with Medical	3,090	3,695	6,785
Vision Total	3,272	4,051	7,323

Data Taken 05-22-2024

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 05-31-2024

Count by Subscribers by Bargaining Unit

Benefit Plan	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	Total	
Medical																		
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	74	278	23	397	33	378	84	284	134	55	110	29	131	458	21	2	2,491	
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	202	1,544	166	2,330	173	1,224	305	735	596	207	436	198	694	1,939	107	37	10,893	
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	1	440	2,916	205	3,841	239	2,988	289	757	1,196	488	889	1,073	870	3,556	216	99	20,063
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	17	84	15	123	13	105	14	51	33	17	36	7	49	127	10	2	703	
HMO Comprehensive Kaiser Medical, Drug and Chiro	65	589	95	814	79	508	101	327	162	77	193	83	245	592	55	5	3,990	
HMO Standard Kaiser Medical, Drug and Chiro	176	1,240	87	1,648	100	1,823	148	512	664	204	330	343	318	1,621	94	49	9,357	
HMA Supplemental Medical and Drug	16	53	4	153	11	69	12	14	25	14	12	31	25	129	7		575	
Medical Total	1	990	6,704	595	9,306	648	7,095	953	2,680	2,810	1,062	2,006	1,764	2,332	8,422	510	194	48,072
Drug																		
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	74	278	23	397	33	378	84	284	134	55	110	29	131	458	21	2	2,491	
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	202	1,544	166	2,330	173	1,224	305	735	596	207	436	198	694	1,939	107	37	10,893	
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	1	440	2,916	205	3,841	239	2,988	289	757	1,196	488	889	1,073	869	3,555	216	99	20,061
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	17	84	15	123	13	105	14	51	33	17	36	7	49	127	10	2	703	
Drug Total	1	733	4,822	409	6,691	458	4,695	692	1,827	1,959	767	1,471	1,307	1,743	6,079	354	140	34,148
Dental (HDS)	1	1,060	6,975	628	10,067	708	7,295	999	2,746	2,822	1,108	2,105	1,836	2,421	8,860	536	196	50,363
Vision (VSP)	1	1,024	6,754	603	9,658	685	6,868	969	2,576	2,697	1,068	2,015	1,767	2,334	8,550	516	188	48,273
Life Insurance (Securian)	1	1,282	8,077	740	11,893	839	7,961	1,181	3,136	3,191	1,285	2,487	2,045	2,671	10,248	608	241	57,886

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 05-31-2024

Count by Subscribers by Bargaining Unit

Benefit Plan	05	Total
Medical		
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	779	779
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,700	1,700
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	611	611
Medical Total	3,090	3,090
Drug		
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	779	779
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,700	1,700
Drug Total	2,479	2,479
Dental		
HSTA VB Dental (HDS)	3,290	3,290
HSTA VB Supplemental Dental (HDS)	80	80
Dental Total	3,370	3,370
Vision		
HSTA VB Vision (VSP) - Stand Alone	182	182
HSTA VB Vision (VSP) bundled with Medical	3,090	3,090
Vision Total	3,272	3,272
Life Insurance (Securian)	4,015	4,015

Data Taken 05-22-2024

Enrollment Counts - Retiree (Summary)

The table below shows Retiree enrollment for period ending 05-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,385	13,418	47,803
Non-Medicare	5,338	4,723	10,061
PPO-90/10 Medical (HMSA) - Retiree Total	39,723	18,141	57,864
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,957	2,364	9,321
Non-Medicare	1,062	851	1,913
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,019	3,215	11,234
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	67	9	76
PPO Medical - Medicare Advantage (Humana) - Retiree Total	67	9	76
Out-of-State Plan - Retiree			
Medicare	185	59	244
Non-Medicare	6	3	9
Out-of-State Plan - Retiree Total	191	62	253
EUTF Total	48,000	21,427	69,427
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Medicare	1,951	885	2,836
Non-Medicare	5	0	5
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	1,956	885	2,841
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree			
Medicare	12	5	17
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	12	5	17
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree			
Medicare	209	68	277
Non-Medicare	4	1	5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	213	69	282
HSTA VB Out-of-State Plan - Retiree			
Medicare	2	2	4
HSTA VB Out-of-State Plan - Retiree Total	2	2	4
HSTA VB Total	2,183	961	3,144
Medical Total	50,183	22,388	72,571
Drug			
EUTF			
PPO Drug (SilverScript) - Medicare	33,044	12,724	45,768
PPO Prescription Drug (CVS) - Non-Medicare	5,612	4,829	10,441
EUTF Total	38,656	17,553	56,209
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,952	886	2,838
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	9	0	9
HSTA VB Total	1,961	886	2,847
Drug Total	40,617	18,439	59,056
Dental			
Dental (HDS)	48,882	22,378	71,260
HSTA VB Dental (HDS) - Retiree	2,182	964	3,146
Dental Total	51,064	23,342	74,406
Vision			
Vision (VSP)	48,811	22,366	71,177
HSTA VB Vision (VSP) bundled with Medical - Retiree	2,184	958	3,142
Vision Total	50,995	23,324	74,319
Life			
EUTF Securian Life Insurance - Retiree	45,657	0	45,657
HSTA VB Securian Life Insurance - Retiree	2,153	0	2,153
Life Total	47,810	0	47,810

Enrollment Counts - EUTF Retiree

The table below shows EUTF Retiree enrollment for period ending 05-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
PPO-90/10 Medical (HMSA) - Retiree				
Medicare	21,502	12,433	450	34,385
Non-Medicare	2,088	2,273	977	5,338
PPO-90/10 Medical (HMSA) - Retiree Total	23,590	14,706	1,427	39,723
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Medicare	4,685	2,191	81	6,957
Non-Medicare	453	448	161	1,062
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	5,138	2,639	242	8,019
PPO Medical - Medicare Advantage (Humana) - Retiree				
Medicare	58	9		67
PPO Medical - Medicare Advantage (Humana) - Retiree Total	58	9		67
Out-of-State Plan - Retiree				
Medicare	129	53	3	185
Non-Medicare	3	3		6
Out-of-State Plan - Retiree Total	132	56	3	191
Medical Total	28,918	17,410	1,672	48,000
Drug				
PPO Drug (SilverScript) - Medicare				
	20,806	11,828	410	33,044
PPO Prescription Drug (CVS) - Non-Medicare				
	2,267	2,360	985	5,612
Drug Total	23,073	14,188	1,395	38,656
Dental (HDS)	28,863	18,332	1,687	48,882
Vision (VSP)	28,824	18,282	1,705	48,811
Life Insurance (Securian)	45,657			45,657

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,385	13,418	47,803
Non-Medicare	5,338	4,723	10,061
PPO-90/10 Medical (HMSA) - Retiree Total	39,723	18,141	57,864
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,957	2,364	9,321
Non-Medicare	1,062	851	1,913
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,019	3,215	11,234
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	67	9	76
PPO Medical - Medicare Advantage (Humana) - Retiree Total	67	9	76
Out-of-State Plan - Retiree			
Medicare	185	59	244
Non-Medicare	6	3	9
Out-of-State Plan - Retiree Total	191	62	253
Medical Total	48,000	21,427	69,427
Drug			
PPO Drug (SilverScript) - Medicare			
	33,044	12,724	45,768
PPO Prescription Drug (CVS) - Non-Medicare			
	5,612	4,829	10,441
Drug Total	38,656	17,553	56,209
Dental (HDS)	48,882	22,378	71,260
Vision (VSP)	48,811	22,366	71,177

Enrollment Counts - HSTA VB Retiree

The table below shows HSTA VB Retiree enrollment for period ending 05-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree				
Medicare	1,084	852	15	1,951
Non-Medicare	5			5
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	1,089	852	15	1,956
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree				
Medicare	7	5		12
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	7	5		12
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree				
Medicare	142	66	1	209
Non-Medicare	3	1		4
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	145	67	1	213
HSTA VB Out-of-State Plan - Retiree				
Medicare		2		2
HSTA VB Out-of-State Plan - Retiree Total		2		2
Medical Total	1,241	926	16	2,183
Drug				
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,084	853	15	1,952
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	9			9
Drug Total	1,093	853	15	1,961
Dental (HDS)	1,236	931	15	2,182
Vision (VSP)	1,242	929	13	2,184
Life Insurance (Securian)	2,153			2,153

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Medicare	1,951	885	2,836
Non-Medicare	5	0	5
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	1,956	885	2,841
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree			
Medicare	12	5	17
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	12	5	17
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree			
Medicare	209	68	277
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HSTA VB Out-of-State Plan - Retiree			
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HSTA VB Out-of-State Plan - Retiree Total	2	2	4
Medical Total	2,183	961	3,144
Drug			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,952	886	2,838
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	9	0	9
Drug Total	1,961	886	2,847
Dental (HDS)	2,182	964	3,146
Vision (VSP)	2,184	958	3,142

Data Taken 05-22-2024

Enrollment Counts - All Subscribers

The table below shows All Subscriber enrollments for period ending 05-31-2024

Employer	Medical	Drug	Dental	Vision	Life
City and County of Honolulu					
Active	7,040	5,209	7,381	7,134	8,571
Retiree (Medicare)	6,031	4,539			
Retiree (Non-Medicare)	1,686	1,437	7,828	7,853	6,771
City and County of Honolulu Total	14,757	11,185	15,209	14,987	15,342
Honolulu Board of Water Supply					
Active	458	329	474	458	525
Retiree (Medicare)	474	382			
Retiree (Non-Medicare)	91	85	569	574	492
Honolulu Board of Water Supply Total	1,023	796	1,043	1,032	1,017
Honolulu Authority for Rapid Transportation					
Active	35	27	36	37	38
Retiree (Medicare)	17	15			
Retiree (Non-Medicare)	4	1	22	22	24
Honolulu Authority for Rapid Transportation Total	56	43	58	59	62
County of Hawaii					
Active	2,187	1,686	2,257	2,180	2,622
Retiree (Medicare)	1,346	1,208			
Retiree (Non-Medicare)	423	391	1,783	1,786	1,619
County of Hawaii Total	3,956	3,285	4,040	3,966	4,241
Hawaii Dept of Water					
Active	126	100	131	129	153
Retiree (Medicare)	103	89			
Retiree (Non-Medicare)	14	15	120	120	112
Hawaii Dept of Water Total	243	204	251	249	265
County of Kauai					
Active	981	855	1,029	1,003	1,197
Retiree (Medicare)	700	658			
Retiree (Non-Medicare)	187	185	882	898	819
County of Kauai Total	1,868	1,698	1,911	1,901	2,016
Kauai Department of Water					
Active	65	56	70	68	85
Retiree (Medicare)	44	41			
Retiree (Non-Medicare)	12	12	53	54	57
Kauai Department of Water Total	121	109	123	122	142
County of Maui					
Active	2,123	1,047	2,217	2,136	2,506
Retiree (Medicare)	1,303	823			
Retiree (Non-Medicare)	460	307	1,793	1,799	1,653
County of Maui Total	3,886	2,177	4,010	3,935	4,159
State of Hawaii					
Active	37,312	26,775	39,237	37,563	45,044
Retiree (Medicare)	33,680	27,186			
Retiree (Non-Medicare)	3,521	3,175	37,923	37,798	36,172
State of Hawaii Total	74,513	57,136	77,160	75,361	81,216
Hawaii Public Charter Schools					
Active	835	543	901	837	1,160
Retiree (Medicare)	70	55			
Retiree (Non-Medicare)	17	13	91	91	91
Hawaii Public Charter Schools Total	922	611	992	928	1,251
Grand Total	101,345	77,244	104,797	102,540	109,711



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DONNA A. TONAKI

June 14, 2024

TO: Derek Mizuno
Administrator

FROM: Katie Matsushima
Eligibility Specialist

SUBJECT: May – June 2024 Eligibility and Enrollment Report

This report covers the time period from May 18 – June 14, 2024. Additional details will be provided upon request.

Audits Currently in Progress (On hold):

• **Verify Retiree Eligibility and Tiers**

In Progress

- EUTF will review **273** retirees with ERS to determine correct tier.

Completed

- Letters to **124** retirees whose tiers are being impacted (e.g. 50% to 75%) were mailed on Friday, October 8, 2021. Tier change was effective January 1, 2022. Retroactive refunds of overpayments will be made but no retroactive collections of underpayments will be required.

Point in Time Reconciliation Audits between:

Please note, this performance guarantee (PG) was waived for the last two rating periods (CY2022 and 2023) due to the implementation of the BAS. Point in Time Reconciliation Audits for SilverScript and HMSA have resumed in May 2024. Point in Time Reconciliation Audits for CVS and Kaiser will resume in June 2024. The initial audit will be to reconcile enrollment following the BAS implementation and will not be subject to PG.

Prior Reporting Year Results:

- CVS/SilverScript and EUTF enrollment- Accuracy **99.41%** (Previous Accuracy: N/A)
- Kaiser and EUTF enrollment- Accuracy **99.99%** (Previous Accuracy: **99.72%**)
- HMA and EUTF enrollment- Accuracy **100%** (Previous Accuracy: **91.77%**)
- HDS and EUTF enrollment- Accuracy **100%** (Previous Accuracy: **100%**)
- VSP and EUTF enrollment- Accuracy **100%** (Previous Accuracy: **99.99%**)
- HMSA and EUTF enrollment- Accuracy **99.99%** (Previous Accuracy: **99.99%**)

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.

Recurring Audits:

The Unreported Divorce Audits have resumed as of December 2023. The remaining recurring audits are set to resume in 2024 (refer to projected start dates noted in Current Status).

Description	Active/ Retiree	Current Status	Initial Cleanup Date	Frequency
Medicare Savings Program	Retirees and Dependents	Restarting Q3 of 2024	12/31/2018	Monthly
Unreported Divorce Audit	Active	Restarted and caught up through April 2024	6/30/2017	Monthly
Unreported Divorce Audit	Retiree	Restarted and caught up through April 2024	4/30/2018	Monthly
Dependent Children Non-ACA Eligibility (i.e. not married)	Active and Retiree	Restarting Q3 of 2024	4/30/2021	Every other month
Surviving Spouse/ Surviving Child	N/A	Restarting Q3 of 2024	11/30/2017 and 2/28/2018	Every other month
Out-of-State Unreported Deaths	Retirees and Dependents	Restarting Q4 of 2024	4/5/2018 - (Terminations retroactive to date of death)	Every other month
Spouses with Self and Two-Party Plans	Active and Retiree	Restarting Q4 of 2024	3/31/2018	Annually
Termination of Life Insurance Enrollment for Terminated Employees	Active	Restarting Q4 of 2024	3/27/2019 (retroactive to 3/31/2018)	Annually
Domestic Partner Recertification	Active	Restarting Q4 of 2024	12/31/2018	Every 2 years (2022)
Domestic Partner Recertification	Retiree	Restarting Q4 of 2024	8/31/2017	Every 2 years (2022)
Adult Disabled Recertification	Retiree	Restarting Q4 of 2024	2015 by previous Administrator	Every 7 years (2022)
Adult Disabled Recertification	Active	Restarted April 2024	6/30/2017	Every 7 years (2024)



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DONNA A. TONAKI

June 14, 2024

TO: EUTF Board of Trustees
FROM: Melissa Tom, Health and Wellness Specialist
SUBJECT: May – June Health and Wellness Specialist Report

This report covers the period May 18, 2024 – June 14, 2024

A. Worksite Wellness

1. Two Education Workshop webinars were offered this reporting period: 1) “Stress Bucket”, hosted by HMSA, and 2) “Strengthen and Stretch at Your Desk”, hosted by Kaiser. Session recordings are available on the Health and Wellness website.
2. The *Self-Care* Wellness Challenge, led by HMSA, ended on June 7. The challenge encouraged participants to complete 600 minutes of self-care activities over 4 weeks. There were 270 registered participants.
3. Wellness Program Activities for June were sent to HROs and Wellness Champions for distribution to employees. The announcement promoted being strong, by focusing on muscles, tendons and bones, and attending wellness activities by Kaiser and HDS (attached).

B. Preventive Health

1. The second quarter *Well Aware* message was distributed on May 21. The message focused on chronic disease and mental health, how to prioritize your mental health, and mental health care resources from HMSA, Kaiser, and EUTF’s Health and Wellness page. See attached.
2. HDS launched their Semi-Annual Exam campaign in June. Direct mail postcards and emails were distributed to active members who have not had exams, notifying members of their dental benefits (attached). Retiree mailers will be sent at the end of June.

C. Chronic Disease Management

1. Quarter 1 Virta Health reports were received by HMSA this reporting period. There were 125 total enrolled members in the program since its January 2024 launch. Early initial results in A1c, weight, and drug utilization reduction are positive.

Attachments

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.



EUTF WELLNESS PROGRAM June 2024

Take time for your well-being!

Monthly Health & Wellness Goal

- ✓ June-Be Strong! Muscles, Tendons & Bones
- ✓ May-Self-Care & Condition Control

[HEALTH AND WELLNESS GOALS](#) Be strong in June! Get in touch with your wellness resources and your chiropractic plan benefits, explore the *Muscles, Tendons, and Bones* wellness station on our [Virtual Wellness Fair](#).

[CHALLENGES](#) - Participate and Move! Click on Challenges for more info!

[SELF-CARE CHALLENGE](#) The 4-week Challenge ends on June 7. Congrats to the 202 members incorporating self-care activities into their day and striving toward completing 600 minutes. Be sure to log activities to be eligible to win 1 of the 25 \$100 Amazon e-gift cards!

[WEBINARS](#)- Click titles below to register!

JUNE WELLNESS EVENTS

Take time for YOU!



HEALTH & WELL-BEING WEBINARS

Strengthen and Stretch at Your Desk
Explore exercises that can be done at a desk or workspace to stretch muscles and build strength.
June 13 at 11:30am-12:15pm

A Lifetime of Healthy Smiles
Learn about the importance of proactive dental care at every stage and how maintaining a healthy smile contributes to longevity and improved quality of life.
June 27 at 11:30am-12:15pm

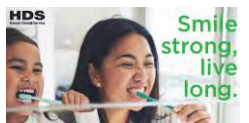


[Strengthen and Stretch at Your Desk](#) Join us and learn exercises that can be done at your desk to stretch and strengthen. We'll also provide you with tips on reducing back pain by improving posture at work. Attend and be entered to win a \$100 VISA gift card!

[A Lifetime of Healthy Smiles](#) This HDS presentation delves into the relationship between our changing bodies and oral health across the lifespan. From childhood to the golden years, we explore how biological shifts impact oral health and overall well-being. Presented by Cecile Sebastian, DDS



[CAMPAIGNS & INCENTIVES](#)- Click on Campaigns & Incentives for more info!



[HDS Semi-Annual Exams](#) Did you know your EUTF plan with HDS covers semi-annual exams and cleanings at 100%? Take advantage of your dental plan and schedule a visit with your dentist today. Access your [account online](#).

Host a "Group Watch" at your worksite	Anyone can setup a group watch, simply reserve your conference room and invite your colleagues. After the event, email the Group Watch Form to the webinar host to be entered in any prize drawings offered.
Webinars on-demand	Unable to attend or want to re-watch a previous webinar? Most Wellness Webinars are recorded and available for the year!
Upcoming this Summer!	<ul style="list-style-type: none"> ❖ July 10 Hello Health - Win More in 2024! (HMSA Members) ❖ July 18 Hello Health - Dental Exam Sweepstakes (HDS Members) ❖ August 22 Managing Your Weight Workshop ❖ August 12 - September 8 Go Gold Challenge

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Visit our website today at <https://eutf.hawaii.gov/health-and-wellness/>
Contact us at eutfwellness@hawaii.gov





WELL AWARE

A Quarterly Health & Wellness Benefit Message from EUTF

Summer
2024



Chronic Disease and Mental Health

Living with one or more chronic physical health conditions may affect your emotional and mental well-being.

Mental health disorders, such as depression and anxiety, are common among people with a chronic illness such as arthritis, asthma, diabetes, cancer, and heart disease.

At Kaiser Permanente, mental health support is built into our primary care, so members with chronic conditions — who have increased risk for depression — are regularly screened to help facilitate early detection and access to treatment.

The key to managing any condition is to become your own advocate and commit to making better health your passion and cause.

The good news is that there are steps you can take to help manage your mental health when you feel overwhelmed, anxious, and exhausted.

Visit kp.org/mentalhealth to explore the mental health care resources we offer including the no cost [self-care apps](#) listed below.

- Calm - The number one app for sleep and meditation that's designed to help lower stress, anxiety, and more.
- Headspace Care (formerly called Ginger) - Text one-on-one with an emotional support coach anytime, anywhere. Support is just a text message away.

Join us this Summer!

- **June 13**-Strengthen and Stretch at Your Desk Workshop
- **June 27**-A Lifetime of Healthy Smiles Workshop
- **July 10**-Win More In 2024 with HMSA! Session
- **July 18**-HDS Dental Exam Sweepstakes Session
- **August 12**-September 8 Go Gold Challenge
 - **August 6**-Challenge Kick-Off Event
- **August 22**-Managing Your Weight Workshop



Prioritize Your Mental Health

While communities are getting more comfortable discussing mental health, it can still be hard to know where to start. Check out our [mental health resources page](#) with programs and resources available to you and loved ones.

With telehealth, it's even more convenient to get the help you need. HMSA's Online Care® connects you with a therapist or counselor at no cost and in the convenience of your home. Visit hmsa.com/onlinecare or download the free app in the Apple App Store or Google Play Store.

[HMSA's Behavioral Health Program](#) connects you or your loved ones to condition-specific behavioral health resources, education, and other support services. We can also make referrals to behavioral health providers and provide case management services.

To learn more about health and well-being programs, [visit hmsa.com/eutf](http://hmsa.com/eutf), click Member Resources, and Well-being resources or call 1-855-329-5461, option 1. It's never too soon to seek help.

Amwell is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

Health & Wellness Member Benefits More Resources Available!

Find additional tips and tools to support your wellness goals, mental health, and condition control at [EUTF's Virtual Wellness Fair](#) and on the [EUTF Health and Wellness](#) page.

Find more details on upcoming activities, visit the [EUTF Wellness Challenges and Webinars](#) page! For any questions, or to be added to the EUTF Wellness Champion email list, please contact eutfwellness@hawaii.gov.



Smile strong, live long.

A visit to the dentist can prevent tooth decay, gum disease, and other issues. Learn more about the benefits of maintaining a healthy smile.



HawaiiDentalService.com

900 Fort Street Mall, Suite 1900
Honolulu, HI 96813-3705

Your smile deserves the best care.



A HEALTHY SMILE IS KEY TO GOOD OVERALL HEALTH.

Does a strong smile really lend to a longer, healthy life? Yes! Prioritizing smile care is paramount for fostering overall health and longevity. Beyond just cosmetic concerns, maintaining good oral health directly impacts one's overall well-being.

Research shows a strong connection between oral health and systemic health, with poor oral hygiene linked to various chronic conditions such as heart disease, diabetes, and respiratory infections. By taking proactive measures such as semi-annual visits to the dentist, brushing twice a day, flossing daily, and maintaining a balanced diet, you can mitigate the risk of developing these health issues later in life.

Follow routine dental care instructions after a major dental procedure.

Routine dental care after various procedures like crowns, root canals, or extractions is crucial because your teeth and tissues may be more susceptible to damage or infection. Be sure to follow your dentist's instructions for keeping the affected area clean and keep your dentist informed of any severe pain or infection that develops.

See your dentist twice a year for an exam and cleaning. It's covered!

Did you know your EUTF plan with HDS covers semi-annual exams and cleanings at 100%? Take advantage of your dental plan and schedule a visit with your dentist today.

Questions? Contact Us.

Call (808) 529-9310 or toll-free at 1-866-702-3883, Monday through Friday, 7:30 AM to 6 PM. Access your account online at HawaiiDentalService.com/EUTF.





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AUDREY HIDANO
SABRINA NASIR
OSA TUJ
MAUREEN WAKUZAWA
RYAN YAMANE
ROBERT YU
ADMINISTRATOR
DEREK M. MIZUNO
ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

June 14, 2024

TO: Board of Trustees
FROM: Amy Cheung *ac*
EUTF Financial Management Officer
SUBJECT: May 2024 – June 2024 Financial Services Branch (FSB)

This report covers the period of May 18, 2024 through June 14, 2024. Additional details will be provided upon request.

a. FSB Performance Data

FSB's call answer rate was 86.67% (923 out of 1,065 calls) for May 2024 compared to 86.60% for April 2024. Please see attached for the Automated Call Distribution (ACD) reports for more information.

During May, staff reviewed and issued 349 shortage notices 131 cancellation notices compared to 431 shortage notices and 187 cancellation notices last year. Staff also reviewed and mailed out 139 retiree invoices to retirees who pay a portion of their premiums via check for the month of May.

b. Refunds and Medicare Part B Overpayments Status

Refunds: The new BAS processes pre-tax refunds for active employees through payroll except for events related to terminations, deaths, and non-payment terminations. The net payable to employee-beneficiaries as of June 30, 2023 was \$495,191 and as of April 30, 2024 was \$533,044. There was an overall net payable increase of \$37,853 during this fiscal year.

Medicare Part B Overpayments: The financial management team continues to collect on the prior fiscal years overpayment balance by contacting the debtor or estate (at least two times). If there is no response, we forward the collection to the Department of the Attorney General for collection and/or write off. Since July 1, 2023, the EUTF has written off 170 Medicare Part B overpayments totaling \$129,746. We recovered 67 overpayments that totaled \$46,798 in April.

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.

c. EUTF Collections

The following provides the collections status on completed audits as of March 31, 2024.

Description	Date of Collection Letters	Number of Accounts Outstanding [^]	Total Recovery Amount*	Total Amount Collected (To-Date)	Total Amount Referred to AG for Collection	Remaining Outstanding Balance
Surviving Spouse/Surviving Child Audit	02/08/18	2	\$120,027	\$36,023	\$71,520	\$12,484
Surviving Spouse/Surviving Child Audit - Ongoing	08/30/18-present	5	\$186,251	\$84,248	\$48,727	\$53,276
Unreported Divorces for Retirees/Actives - Ongoing	08/30/18-present	14	\$825,183	\$257,182	\$479,821	\$88,180
Family Link & Special Audits - Ongoing	12/31/18-present	5	\$7,224	\$4,285	\$0	\$2,939
Total		26	\$1,138,685	\$381,738	\$600,068	\$156,879
% of Total				33%	53%	14%

[^] Adjusted to exclude accounts on appeal status, approved appeals, and referred to AG for collection.

* Total recovery amount represents total employer contributions owed less adjustments related to approved appeals.

d. Financial Statements as of April 30, 2024

Financial statements for the month of April 2024 are included in your packet for review.

Accounting Automated Call Distribution Report

May 2024

Day	Day of Week	Incoming Calls Accounting	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				Voice Message	Outgoing Calls Accounting
						10	10-30	> 30	< 10	10-30	> 30	Total		
1	Wednesday	54	50	92.59%	3:59	81.48%	3.70%	7.41%	1	0	3	4	0	0
2	Thursday	59	46	77.97%	3:59	49.15%	6.78%	22.03%	2	4	7	13	0	0
3	Friday	44	38	86.36%	4:37	65.91%	9.09%	11.36%	0	2	4	6	0	0
6	Monday	60	44	73.33%	3:51	53.33%	5.00%	15.00%	3	6	7	16	0	3
7	Tuesday	37	36	97.30%	3:58	83.78%	5.41%	8.11%	0	0	1	1	0	6
8	Wednesday	36	27	75.00%	4:57	50.00%	0.00%	25.00%	2	0	7	9	0	5
9	Thursday	39	37	94.87%	5:13	82.05%	5.13%	7.69%	0	0	2	2	0	0
10	Friday	42	33	78.57%	3:44	54.76%	4.76%	19.05%	1	0	8	9	0	3
13	Monday	45	44	97.78%	5:14	84.44%	0.00%	13.33%	0	0	1	1	0	6
14	Tuesday	43	41	95.35%	4:12	74.42%	4.65%	16.28%	1	0	1	2	0	6
15	Wednesday	40	39	97.50%	3:18	82.50%	2.50%	12.50%	1	0	0	1	0	1
16	Thursday	37	33	89.19%	5:09	83.78%	0.00%	5.41%	1	0	3	4	0	8
17	Friday	30	26	86.67%	4:04	66.67%	13.33%	6.67%	0	0	4	4	0	4
20	Monday	68	56	82.35%	6:02	57.35%	17.65%	7.35%	4	1	7	12	0	41
21	Tuesday	64	49	76.56%	5:33	42.19%	9.38%	25.00%	4	3	8	15	0	11
22	Wednesday	36	33	91.67%	6:23	72.22%	13.89%	5.56%	0	0	3	3	0	5
23	Thursday	43	40	93.02%	5:57	72.09%	9.30%	11.63%	0	0	3	3	0	4
24	Friday	53	47	88.68%	5:40	52.83%	30.19%	5.66%	2	1	3	6	0	4
27	Monday	HOLIDAY - MEMORIAL DAY												
28	Tuesday	77	66	85.71%	6:01	51.95%	3.90%	29.87%	1	1	9	11	0	3
29	Wednesday	49	46	93.88%	4:36	57.14%	6.12%	30.61%	0	0	3	3	0	4
30	Thursday	42	35	83.33%	4:12	38.10%	23.81%	21.43%	0	1	6	7	0	0
31	Friday	67	57	85.07%	3:48	70.15%	0.00%	14.93%	3	4	3	10	0	2
Monthly Totals		1065	923	86.67%	4:48	63.29%	7.98%	15.40%	26	23	93	142	0	116

Report Created 6/3/2024

Accounting Automated Call Distribution Report

January to December 2024

Month	Incoming Calls Accounting	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				Voice Message	Outgoing Calls Accounting
					10	10-30	> 30	< 10	10-30	> 30	Total		
January	1416	1269	89.62%	4:12	55.44%	6.36%	27.82%	46	16	85	147	0	84
February	1130	1013	89.65%	4:20	63.45%	5.04%	21.15%	27	19	71	117	0	82
March	1037	919	88.62%	5:21	57.18%	5.59%	25.84%	16	15	87	118	0	102
April	1627	1409	86.60%	4:18	59.13%	5.04%	22.43%	33	39	146	218	0	129
May	1065	923	86.67%	4:48	63.29%	7.98%	15.40%	26	23	93	142	0	116
June													
July													
August													
September													
October													
November													
December													

Report Created 6/3/2024

Accounting Automated Call Distribution Report

January to December 2023

Month	Incoming Calls Accounting	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				Voice Message	Outgoing Calls Accounting
					10	10-30	> 30	< 10	10-30	> 30	Total		
January	2600	1590	61.15%	5:55	12.96%	2.15%	46.04%	24	45	941	1010	0	106
February	1489	1173	78.78%	5:24	30.49%	2.96%	45.33%	14	29	273	316	0	84
March	1599	1399	87.49%	5:38	42.34%	8.44%	36.71%	7	23	170	200	0	98
April	1475	1243	84.27%	5:57	40.75%	5.97%	37.56%	15	14	203	232	0	105
May	1147	1048	91.37%	5:45	56.15%	7.76%	27.46%	11	8	80	99	0	81
June	1329	1218	91.65%	5:25	54.40%	8.05%	29.19%	8	11	92	111	0	123
July	1506	1296	86.06%	5:43	41.50%	6.64%	37.92%	14	18	178	210	0	138
August	1315	1201	91.33%	5:06	61.29%	8.14%	21.90%	15	11	88	114	0	121
September	1323	1178	89.04%	4:34	51.55%	5.90%	31.59%	24	14	107	145	0	86
October	1514	1343	88.71%	5:03	52.58%	4.95%	31.18%	29	20	122	171	0	118
November	1095	1003	91.60%	4:28	62.92%	5.11%	23.56%	12	9	71	92	0	89
December	984	924	93.90%	4:42	66.57%	4.98%	22.36%	17	5	38	60	0	93

Report Created 6/3/2024

Hawaii Employer-Union Health Benefits Trust Fund
ENTERPRISE (ACTIVES) - STATEMENT OF NET POSITION
10 Month Ended April 30, 2024
(PRELIMINARY-Unaudited)

	UNAUDITED Current Month Ended April 30, 2024	UNAUDITED Current Month Ended March 31, 2024	AUDITED Current Month Ended June 30, 2023	Notes	
ASSETS					
Current Assets:					
1	Cash	\$ 12,395,783	\$ 18,297,967	\$ 36,077,987	
2	Short-term investment (principal)	155,000,000	155,000,000	155,000,000	
3	Net return on investment	19,130,808	21,037,775	9,024,456	
4		174,130,808	176,037,775	164,024,456	
5	Total cash and investments	186,526,591	194,335,741	200,102,443	
	Receivables:				
6	Premium receivable from State of Hawaii and counties	45,592,838	45,763,908	42,592,919	Receivable for one month of employer contributions and one pay period of employee payroll premium deductions withheld net of prepayments.
7	Rebates receivable	12,715,860	24,930,165	18,886,779	CVS drug rebates \$12.07M, CVS network guarantees \$410.32K and HMSA performance penalties \$233.46K.
8	Experience refunds due from insurance companies	-	-	2,757,578	
9	Self-funded reserves	5,021,274	5,021,274	5,021,274	Reserves held by self-funded carriers (CVS \$4.958M and HMA \$63.2K) to cover claim payment lag.
10	Prepaid expenses	40,740	46,538	29,744	Prepaid expenses such as insurance and computer maintenance.
11	Total current assets	249,897,303	270,097,627	269,390,738	
12	Capital assets, net of accumulated depreciation	6,969,815	7,076,085	8,033,400	Capitalized assets such as computers, benefits administration system, and other fixed assets.
13	TOTAL ASSETS	\$ 256,867,118	\$ 277,173,712	\$ 277,424,138	
14	Deferred outflows of resources related to pension	967,749	967,749	967,749	
15	Deferred outflows of resources related to OPEB	636,160	636,160	636,160	
16		\$ 258,471,027	\$ 278,777,621	\$ 279,028,046	
LIABILITIES					
Current Liabilities:					
17	Vouchers and contracts payable	\$ 1,586,894	\$ 1,329,434	\$ 1,209,914	Accounts payable (includes TELUS Health, short-term/long-term lease payments).
18	Due to State of Hawaii	-	-	85,469	Forfeitures for FY23 (paid in 1/24).
19	Accrued wages and employee benefits payable	559,249	553,195	452,551	
20	Premiums payable to insurance carriers	60,626,639	73,052,095	56,983,139	One month of premiums owed to fully insured plan carriers.
21	Payable to employee - beneficiaries	527,714	427,067	596,245	Refunds owed to employee-beneficiaries.
22	Claims and administrative fee liability for self-funded plan	8,009,355	7,323,864	7,309,128	Claims reimbursements and administrative fees owed to CVS 1/2 month and HMA outstanding claims.
23	Compensated absences, current portion	138,657	138,657	138,657	Current portion of unpaid vacation liability.
24	Total current liabilities	\$ 71,448,508	\$ 82,824,312	\$ 66,775,103	
Noncurrent Liabilities:					
25	Net other postemployment benefits payable	6,116,867	6,116,867	6,116,867	EUTF share of OPEB liability.
26	Compensated absences	434,373	434,373	434,373	Non-current portion of unpaid vacation liability.
27	Net pension liability	5,959,234	5,959,234	5,959,234	EUTF share of pension liability.
28	L/T Lease Liability	723,620	723,620	723,620	
29	Total Liabilities	\$ 84,682,601	\$ 96,058,405	\$ 80,009,196	
30	Deferred inflows of resources related to pension	692,862	692,862	692,862	
31	Deferred inflows of resources related to OPEB	1,291,233	1,291,233	1,291,233	
32	TOTAL LIABILITIES	\$ 86,666,695	\$ 98,042,500	\$ 81,993,291	
NET ASSETS:					
33	Net investment in capital assets	\$ 6,969,815	\$ 7,076,085	\$ 8,033,400	
	Unrestricted gain primarily from benefit plans				
34	ACA PCORI	5,044,063	5,044,063	4,298,930	At the 4/28/20 meeting, the Board approved to reserve additional funds to pay for PCORI fees through 6/30/29 for actives and 12/31/28 for retirees.
35	Self-funded claim stabilization reserve	49,321,478	49,321,478	46,605,000	Reserve reflects 35% of FY23 self-funded prescription drug plan claims and expenses.
36	Administrative fees (05/24-06/29 Actives)	31,258,915	31,664,915	29,232,000	At the 6/26/18 meeting, the Board approved waiver of administrative fees from 7/1/19 (actives) and 1/1/19 (retirees) through 6/30/24 (actives) and 12/31/23 (retirees). At the 9/25/18 meeting, the Board extended the waiver through 6/30/29 (actives) and 12/31/28 (retirees).
37	Unreserved	79,210,060	87,628,580	108,865,425	
38	Unrestricted gain primarily from benefit plans	164,834,516	173,659,036	189,001,355	Unrestricted gain or surplus for EUTF. This amount is cumulative from year-to-year.
39	Total Net Assets	171,804,331	180,735,121	197,034,755	
40	TOTAL LIABILITIES AND NET ASSETS	\$ 258,471,027	\$ 278,777,621	\$ 279,028,046	

Hawaii Employer-Union Health Benefits Trust Fund
ENTERPRISE (ACTIVES) - STATEMENT OF REVENUE, EXPENSES and CHANGES IN NET POSITION

10 Month Ended April 30, 2024

(PRELIMINARY-Unaudited)

		4/30/2024 10-Month Budget	4/30/2024 10-Month Actual	Variance	4/30/2024 Self-Funded Plans and Other 10-Month Actual	Notes
REVENUES:						
1	Premium revenue for self-funded plans	\$ -	\$ -	\$ -	\$ 87,260,903	
2	Administrative fee - EUTF	-	-	-	-	Administrative fees paid by employees and employers are added to the premiums. Effective 1/1/19 and 7/1/19, administrative fees for retirees and actives are waived through 12/31/28 (retirees) and 6/30/29 (actives), respectively.
3	Investment income	-	-	-	5,888,809	\$1.9M dividends from short-term investments, \$3.65M interest income from money market account and \$361K BOH excess credits.
4	Unrealized gain (loss) on investments	-	-	-	6,498,869	Appreciation (Depreciation) in fair market value of short-term investments.
5	CVS rebates	-	-	-	33,159,992	Net of \$3.9M adjustment related to prior years.
6	Purchasing card rebates	-	-	-	1,009	
7	Performance penalties	-	-	-	1,371,211	
8	Experience refunds	-	-	-	(10,802,433)	Final accounting (HMSA FY22 \$1.26M), initial accounting (HMSA FY23 loss of \$12.284M), and initial accounting (HDS FY23 \$215K).
9	Total Revenues	\$ -	\$ -	\$ -	\$ 123,378,361	
EXPENSES:						
10	TPA expenses	\$ -	\$ -	\$ -	\$ 786,007	Administrative expenses paid to self-funded plan carriers (CVS \$691.92K and HMA \$94.09K).
11	Benefits paid for self-funded plans	-	-	-	137,873,190	Claims paid to self-funded plan carriers (CVS \$137.62M net of Ranbaxy, Restasis, and Opana settlements and HMA \$249K).
12	Personnel services	5,414,452	5,181,730	232,721	-	Salaries for EUTF staff.
13	Office supplies	11,667	22,863	(11,196)	-	Office supplies includes copier paper, envelopes and other supplies, repair and maintenance.
14	Dues & subscriptions	750	-	750	-	
15	Postage	130,833	165,060	(34,227)	-	\$62.4K in regular postage refill for monthly shortage and cancellation notices, confirmation letters, COBRA notices, and student certifications, \$60.1K retiree guides postage, \$42.6K active notice packets.
16	Telephone	40,000	41,744	(1,744)	-	Telephone charges includes phone lines, long distance charges, toll-free line and annual maintenance of telephone equipment.
17	Printing & binding	115,000	119,122	(4,122)	-	Holomua \$16.95K, HIPAA notices \$3.4K, COBRA packets \$5.6K, and retiree guides \$93.31K
18	Transportation - intra state	2,917	3,030	(114)	-	Interisland travel expenses such as airfare, per diem, car rental, staff car mileage reimbursement, motor
19	Transportation - out of state	56,667	36,760	19,906	-	IFEBP annual conference.
20	Office space	333,333	342,120	(8,786)	-	Office lease rental.
21	Rental of equipment (copier)	21,667	17,902	3,765	-	Xerox copiers and postage meter machine.
22	Insurance	55,000	57,483	(2,483)	-	Amortization of Fiduciary Liability.
23	Services on a fee basis - legal	134,167	173,681	(39,514)	-	Deputy AG's salary and fringe benefits..
24	Consultant services	689,167	780,641	(91,474)	-	Segal \$390.56K, audit fees \$203.8K, DOH death verifications \$.56K, claims audit fees \$166.65K and office cubicle delivery & installation \$19.08K.
25	Training and registration	29,167	18,121	11,046	-	IFEBP registration and SALGBA annual fee.
26	Computer hardware/software maintenance	1,012,764	1,498,399	(485,635)	-	\$1.25M expenses for the TELUS Health (fka Lifeworks) benefits administration system which includes amortization of software/hardware maintenance, M&O maintenance, services related to TELUS Health contract and \$248.4K other computer and software expenses.
27	Depreciation and Amortization	-	-	-	1,063,585	Depreciation and amortization expense for fixed and prepaid assets.
28	ACA Reinsurance and PCORI Fees	-	-	-	72,753	
29	Investment fees - EUTF reserves	-	-	-	13,885	Fees associated with short-term investments.
30	(Gain) loss from carrier payments	-	-	-	340,708	This amount is the resulting (gain) loss after the collection of employer/employee contributions and the payment to carriers. This amount fluctuates every month.
31	Total Expenses	\$ 8,047,549	\$ 8,458,657	\$ (411,108)	\$ 140,150,128	
32	EXCESS OF REVENUES OVER EXPENDITURE	\$ (8,047,549)	\$ (8,458,657)	\$ 411,108	\$ (16,771,767)	

**Hawaii Employer-Union Health Benefits Trust Fund
AGENCY (RETIRES) - STATEMENT OF FIDUCIARY NET POSITION**

10 Month Ended April 30, 2024

(PRELIMINARY-Unaudited)

		UNAUDITED Current Month Ended April 30, 2024	UNAUDITED Current Month Ended March 31, 2024	AUDITED Current Month Ended June 30, 2023	Notes
ASSETS:					
1	Cash	\$ 51,068,874	\$ 27,030,820	\$ 64,014,076	
2	Short-term investment (principal)	303,250,000	303,250,000	315,000,000	<i>Transferred \$11.75M from retiree excess reserves to OPEB in 1/2024.</i>
3	Net return on investment	89,094,202	94,039,130	63,395,344	
4		392,344,202	397,289,130	378,395,344	
5	Total cash and investments	443,413,076	424,319,950	442,409,419	
Receivables:					
6	Premium receivable from State of Hawaii and counties	59,789,607	58,845,599	20,495	<i>Receivable for one month of employer contributions and one pay period of employee payroll premium deductions withheld net of prepayments.</i>
7	Rebates receivable	31,599,836	55,601,836	34,559,700	<i>\$6M (CVS drug rebates), \$20.2M (Siverscript drug rebates), and \$5.4M (coverage gap) through 3/31/24.</i>
8	Experience refunds due from insurance companies	-	-	3,731,418	
9	Medicare reimbursements from individuals, net of allowance	285,025	285,025	101,353	<i>Receivable from beneficiaries of deceased retirees who were overpaid for Medicare Part B premium reimbursements (net of allowance for bad debt).</i>
10	Receivables from agencies	253,250	150,000	-	
11	Total receivables	91,927,718	114,882,460	38,470,391	
12	Self-funded reserves	8,165,204	8,165,204	8,165,204	<i>Reserves held by self-funded carriers (CVS \$1.7M and Siverscript \$6.4M) to cover claim payment lag.</i>
13	TOTAL ASSETS	\$ 543,505,998	\$ 547,367,614	\$ 488,987,590	
LIABILITIES:					
14	Vouchers and contracts payable	\$ 12,771	\$ 7,876	\$ 194,325	
15	Premiums payable	54,389,408	54,455,293	53,254,423	<i>One month of premiums owed to the fully insured plan carriers.</i>
16	Due to retirees	5,330	4,314	-	<i>Refunds owed to retirees.</i>
17	Medicare Part B premium reimbursement payable	10,206,165	-	-	<i>At quarter-end, we reimburse retirees Medicare Part B premiums. Therefore, quarter-end balances are zero.</i>
18	AP unclaimed checks	267,521	267,521	248,823	<i>Uncashed checks either older than 6 months or deceased (unclaimed) owed to members.</i>
19	Benefit claims payable	31,835,033	30,448,806	28,159,678	<i>Claims reimbursements and administrative fees owed to CVS and Siverscript.</i>
20	IBNR liability for self-funded plans	414,400	414,400	414,400	<i>Incurred but not reported (IBNR) liability for claims reimbursement from self-funded plans.</i>
21	Total Liabilities	\$ 97,130,628	\$ 85,598,209	\$ 82,199,504	
NET ASSETS:					
	Unrestricted gain primarily from benefit plans				
22	ACA PCORI fees	\$ 3,776,458	\$ 3,776,458	\$ 3,086,411	<i>At the 4/28/20 meeting, the Board approved to reserve additional funds to pay for PCORI fees through 6/30/29 for actives and 12/31/28 for retirees.</i>
23	Self-funded claim stabilization reserve	96,830,789	96,830,789	88,796,000	<i>Reserve reflects 35% of FY23 self-funded prescription drug plan claims and expenses.</i>
24	Administrative fees (05/24-12/28 Retirees)	20,613,692	19,890,720	11,895,126	<i>At the 6/26/18 meeting, the Board approved waiver of administrative fees from 7/1/19 (actives) and 1/1/19 (retirees) through 6/30/24 (actives) and 12/31/23 (retirees). At the 9/25/18 meeting, the Board extended the waiver through 6/30/29 (actives) and 12/31/28 (retirees).</i>
25	Unreserved	325,154,433	340,548,466	303,010,549	
26	Unrestricted gain primarily from benefit plans	446,375,371	461,769,405	406,788,086	<i>Unrestricted gain or surplus for EUTF. This amount is cumulative from year-to-year.</i>
27	TOTAL LIABILITIES AND NET ASSETS	\$ 543,505,998	\$ 547,367,614	\$ 488,987,590	

Hawaii Employer-Union Health Benefits Trust Fund				
AGENCY (RETIREES) - STATEMENT OF REVENUE AND EXPENSES and CHANGES IN NET POSITION				
10 Month Ended April 30, 2024				
(PRELIMINARY-Unaudited)				
		4/30/2024 10-Month Actual	4/30/2024 Self-Funded Plans and Other 10-Month Actual	Notes
REVENUES:				
1	Premium revenue for self-funded plans	\$ -	\$ 136,741,930	
2	Investment income	7,270,157	-	<i>Dividends from short-term investments.</i>
3	Unrealized gain (loss) in investment	18,469,088	-	<i>Appreciation (Depreciation) in fair market value of short-term investments.</i>
4	CVS & Silverscript rebates		72,549,939	<i>CVS rebates (Q3-2023 \$4.7M less \$1M adjustment related to prior years, Q4-2023 \$4.2M, and Q1-2024 \$6M) and Silverscript rebates (Q3-2023 \$19.4M plus \$0.5M adjustment related to prior years, Q4-2023 \$18.4M plus \$0.1M adjustment related to prior years, and Q1-2024 \$20.2M).</i>
5	Direct subsidy - Silverscript	-	142,458	
6	LIPS low income subsidy - Silverscript, Kaiser	-	180,322	<i>Low income subsidy for Medicare Part D prescription drug plan Silverscript (\$157.64K); Kaiser (\$22.68K).</i>
7	LICS low Income subsidy - Silverscript		15,234	
8	Coverage GAP discounts - Silverscript		33,400,267	<i>Coverage gap discounts Q3-2023 \$13.8M plus \$0.8M adjustment related to prior periods, Q4-2023 \$13.4M, and Q1-2024 \$5.4M.</i>
9	Reinsurance - Silverscript	-	31,625,853	
10	Performance penalties		955,095	
11	Experience refunds		10,183,921	<i>Final accounting (HMSA CY22 \$10.18M)</i>
12	Total revenues	\$ 25,739,245	\$ 285,795,018	
EXPENSES:				
13	TPA expenses	\$ -	\$ 3,647,813	<i>Administrative expenses paid to self-funded plan carriers (CVS \$120.39K and Silverscript \$3.53M).</i>
14	Benefits paid for self-funded plans	-	268,021,219	<i>Claims paid to self-funded plan carriers (CVS \$56.86M and Silverscript \$211.16M) net of Ranbaxy, Restatis, and Opana Settlement.</i>
15	ACA Reinsurance & PCORI fees		5,383	
16	Investment fees	45,424	-	<i>Fees associated with short-term investments.</i>
17	(Gain) loss from carrier payments	-	227,139	<i>This amount is the resulting (gain) loss after the collection of contributions and the payment to carriers. This amount fluctuates every month.</i>
18	Total expenses	45,424	271,901,554	
19	EXCESS OF REVENUES OVER EXPENDITURES (LOSS)	\$ 25,693,821	\$ 13,893,464	

Hawaii Employer-Union Health Benefits Trust Fund
OPEB STATEMENT OF NET POSITION
10 Month Ended April 30, 2024
(PRELIMINARY-Unaudited)

			UNAUDITED Current Month Ended April 30, 2024	UNAUDITED Current Month Ended March 31, 2024	AUDITED Current Month Ended June 30, 2023	Notes
ASSETS:						
1	OPEB operating account	\$	131,090	\$ 131,090	\$ 712,435	
2	OPEB contributions in transit / receivable		-	-	45,588	
3	OPEB contributions		5,369,810,255	5,328,987,045	4,928,927,860	<i>Transferred \$11.75M from Agency to OPEB for the Kaiser Silver & Fit Program ((\$1.75M - board approved on 7/25/23) and for the additional costs in Kaiser premiums related to the hearing aid coverage (\$10M - board approved on 10/24/23)</i>
4	OPEB contributions, at cost		5,369,810,255	5,328,987,045	4,928,973,449	
5	Net return on investment		2,209,683,242	2,299,217,395	1,801,403,575	
6	Total Assets	\$	7,579,624,587	\$ 7,628,335,530	\$ 6,731,089,458	
LIABILITIES:						
7	Vouchers and contracts payable		2,983,396	2,262,387	2,266,659	<i>Payable to Acuitas, Alliance Bernstein, ASB Int'l, BlackRock, Callan, Gateway, Geode, Heitman, Longtail, MS Prime, Mt. Lucas, Northern Trust, Nossaman, Meketa Investment Group, Inc., Reinhart, and SLC/Ryan Labs.</i>
NET POSITION - Restricted for Other						
8	Postemployment Benefits	\$	7,576,641,190	\$ 7,626,073,143	\$ 6,728,822,800	
Employers						
			OPEB Net Assets			
9	Hawaii DWS	\$	30,214,526			
10	Honolulu BWS		130,189,482			
11	Kauai DWS		16,590,158			
12	County of Maui		529,086,421			
13	County of Hawaii		358,609,602			
14	County of Kauai		228,694,762			
15	C&C Honolulu		1,344,471,309			
16	State of Hawaii		4,932,822,463			
17	HART		5,831,377			
19	Total	\$	7,576,641,190			

Hawaii Employer-Union Health Benefits Trust Fund
OPEB STATEMENT OF REVENUE AND EXPENSES
10 Month Ended April 30, 2024
(PRELIMINARY-Unaudited)

		4/30/2024 10-Month - Other	4/30/2023 10-Month - Other	Notes
	ADDITIONS:			
1	Employer contributions at cost	\$ 439,026,037	\$ 123,085,547	
	Investment earnings:			
2	Investment income	93,845,530	72,508,714	
3	Securities lending income	740,950	260,659	
4	Unrealized gain (loss)	323,101,646	65,522,920	
5		\$ 417,688,126	\$ 138,292,293	
	Investment fees:			
6	Securities lending expense	\$ 162,958	\$ 57,307	
7	Management - Acuitas	2,708,163	2,665,916	
8	Management - Northern Trust	571,762	453,137	
9	Management - SLC (fka Ryan Labs)	63,051	50,083	
10	Management - Geode	243,814	257,606	
11	Management - Mt. Lucas	627,176	496,835	
12	Management - Reinhart	36,680	29,600	
13	Management - Gateway	320,021	350,079	
14	Management - Nossaman	49,719	42,831	
15	Management - Callan	108,500	168,750	
16	Management - BlackRock	51,007	284,165	
17	Management - AllianceBernstein	-	5,072	
18	Management - ASB Intl	780,914	961,345	
19	Management - MS Prime	1,366,102	2,062,182	
20	Management - Heitman	650,814	332,042	
21	Management - Longtail	707,861	-	
22	Custodial - Northern Trust	55,830	55,830	
23	Consulting - Meketa Investment Group, Inc.	391,400	380,000	
24	Total Investment Fees	\$ 8,895,772	\$ 8,652,779	
25	Investment Earnings, Net	\$ 408,792,353	\$ 129,639,514	
26	EXCESS OF REVENUES OVER EXPENDITURES (LOSS)	\$ 847,818,391	\$ 252,725,061	
27	Net Position - Beginning	6,728,822,800	5,896,307,988	
28	Net Position - Ending	\$ 7,576,641,190	\$ 6,149,033,048	

Experience Accounting of CVS Caremark Actives Self-Funded Plans
 Summary of FYE 6/30/2023 & FYE 6/30/2024

CVS Caremark Actives													
	JULY 2022	AUGUST 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUNE 2023	FYE 6/30/2023
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	TOTAL
Revenue	8,809,399	8,738,029	8,840,849	8,835,695	8,843,653	8,715,506	8,713,573	8,703,484	8,718,987	8,738,390	8,708,899	8,600,009	104,966,473
Less:													
Benefit Claims	10,881,201	10,854,133	10,787,729	11,270,702	11,118,727	11,414,070	12,216,663	11,194,183	13,500,640	11,895,106	12,121,836	13,842,497	141,097,489
Administrative Expense	68,052 10,949,254	68,052 10,922,186	68,052 10,855,781	68,052 11,338,754	68,052 11,186,780	68,052 11,482,122	68,351 12,285,014	68,508 11,262,691	72,814 13,573,454	68,632 11,963,738	68,455 12,190,291	68,041 13,910,538	823,114 141,920,603
Subtotal	(2,139,855)	(2,184,157)	(2,014,933)	(2,503,059)	(2,343,127)	(2,766,616)	(3,571,440)	(2,559,207)	(4,854,467)	(3,225,348)	(3,481,392)	(5,310,529)	(36,954,130)
Add:													
CVS Caremark Rebate	0	0	9,656,950	0	0	9,707,987	0	0	10,650,352	0	0	11,257,196	41,272,486
Network Guarantee	0	0	0	0	0	0	0	0	0	0	0	2,311,971	2,311,971
Epi pen Antitrust Settlement	0	0	0	0	0	0	0	0	0	0	0	131,129	131,129
IBNR	0	0	0	0	0	0	0	0	0	0	0	6,500	6,500
TOTAL	(2,139,855)	(2,184,157)	7,642,017	(2,503,059)	(2,343,127)	6,941,371	(3,571,440)	(2,559,207)	5,795,885	(3,225,348)	(3,481,392)	8,396,266	6,767,955

CVS Caremark Actives													
	JULY 2023	AUGUST 2023	SEPT 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	FYE 6/30/2024
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	TOTAL
Revenue	8,645,481	8,673,495	8,741,901	8,734,411	8,720,947	8,745,611	8,641,665	8,668,276	8,715,749	8,647,110			86,934,646
Less:													
Benefit Claims	12,670,110	13,855,282	12,628,170	13,753,835	12,928,072	13,782,520	14,680,184	14,090,583	14,353,864	14,972,343			137,714,963
Administrative Expense	68,413 12,738,523	68,417 13,923,699	69,073 12,697,243	69,181 13,823,016	69,485 12,997,557	69,555 13,852,075	69,095 14,749,279	69,411 14,159,994	69,654 14,423,518	69,631 15,041,974			691,915 138,406,878
Subtotal	(4,093,042)	(5,250,205)	(3,955,341)	(5,088,605)	(4,276,610)	(5,106,464)	(6,107,615)	(5,491,718)	(5,707,769)	(6,394,864)	0	0	(51,472,232)
Add:													
CVS Caremark Rebate	0	0	12,036,355	0	0	12,420,336	0	0	12,600,000	0			37,056,691
Ranbaxy Settlement	0	0	0	0	0	0	0	67,593	0	0			67,593
Restasis Settlement	0	0	0	0	0	22,560	0	0	0	0			22,560
Opana Settlement	0	0	0	0	0	0	0	0	420	0			420
TOTAL	(4,093,042)	(5,250,205)	8,081,014	(5,088,605)	(4,276,610)	7,336,431	(6,107,615)	(5,424,126)	6,892,651	(6,394,864)	0	0	(14,324,969)

Experience Accounting of CVS Caremark Non-Medicare Retirees Self-Funded Plan
 Summary of FYE 6/30/2023 & FYE 6/30/2024

CVS Caremark Non-Medicare Retirees													
	JULY 2022	AUGUST 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUNE 2023	FYE 6/30/2023
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	TOTAL
Revenue	2,257,359	2,440,859	2,391,461	2,391,243	2,399,342	2,474,769	2,597,531	2,832,565	2,843,400	2,803,992	2,871,685	2,872,213	31,176,418
Less:													
Benefit Claims	4,272,966	4,750,869	4,533,873	4,429,432	4,647,803	4,476,181	5,699,607	5,058,098	5,410,465	5,117,660	5,644,014	5,184,499	59,225,466
Benefit Claims Medicare	(1,082,005)	(1,223,020)	(1,787,610)	(1,174,370)	(1,109,898)	(1,113,605)	(1,746,417)	(1,332,109)	(1,301,490)	(1,210,098)	(1,247,686)	(1,257,702)	(15,586,010)
Net Benefit Claims	3,190,961	3,527,849	2,746,263	3,255,062	3,537,906	3,362,575	3,953,190	3,725,989	4,108,975	3,907,562	4,396,327	3,926,797	43,639,457
Administrative Expense	14,628	14,628	14,628	14,628	14,628	14,628	16,460	16,997	19,688	17,275	17,503	17,723	193,414
	3,205,589	3,542,478	2,760,891	3,269,690	3,552,534	3,377,203	3,969,649	3,742,986	4,128,663	3,924,837	4,413,830	3,944,520	43,832,871
Subtotal	(948,229)	(1,101,619)	(369,431)	(878,448)	(1,153,192)	(902,435)	(1,372,118)	(910,422)	(1,285,263)	(1,120,844)	(1,542,145)	(1,072,308)	(12,656,453)
Add:													
CVS Caremark Rebate	0	0	3,345,679	0	0	3,371,675	0	0	3,807,952	0	0	4,145,218	14,670,524
Network Guarantee	0	0	0	0	0	147,885	0	0	0	0	0	0	147,885
Epi pen Antitrust Settlement	0	0	0	0	0	0	0	0	0	0	0	32,782	32,782
IBNR	0	0	0	0	0	0	0	0	0	0	0	(39,000)	(39,000)
TOTAL	(948,229)	(1,101,619)	2,976,248	(878,448)	(1,153,192)	2,617,126	(1,372,118)	(910,422)	2,522,689	(1,120,844)	(1,542,145)	3,066,693	2,155,738

CVS Caremark Non-Medicare Retirees													
	JULY 2023	AUGUST 2023	SEPT 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	FYE 6/30/2024
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	TOTAL
Revenue	2,940,329	2,823,986	2,105,829	2,484,616	2,475,815	2,282,336	2,454,961	2,591,875	2,448,422	2,386,140			24,994,310
Less:													
Benefit Claims	5,267,184	6,135,304	5,283,520	5,676,908	5,460,283	5,307,676	6,650,257	5,961,759	5,398,378	5,986,462			57,127,730
Benefit Claims Medicare	(1,261,897)	(1,430,740)	(1,226,295)	(1,251,388)	(1,287,964)	(1,204,904)	(2,388,774)	(1,721,739)	(1,568,056)	(1,544,140)			(14,885,897)
Net Benefit Claims	4,005,287	4,704,564	4,057,225	4,425,520	4,172,319	4,102,772	4,261,483	4,240,020	3,830,322	4,442,322			42,241,834
Administrative Expense	14,448	13,579	11,924	11,962	11,900	11,877	11,370	11,468	11,058	10,802			120,388
	4,019,735	4,718,143	4,069,150	4,437,482	4,184,218	4,114,649	4,272,852	4,251,488	3,841,380	4,453,124			42,362,221
Subtotal	(1,079,406)	(1,894,157)	(1,963,320)	(1,952,866)	(1,708,403)	(1,832,313)	(1,817,891)	(1,659,613)	(1,392,958)	(2,066,984)	0	0	(17,367,911)
Add:													
CVS Caremark Rebate	0	0	4,706,902	0	0	4,189,029	0	0	6,000,000	0			14,895,931
Network Guarantee	0	0	0	0	0	138,257	0	0	0	0			138,257
Ranbaxy Settlement	0	0	0	0	0	0	0	50,149	0	0			50,149
Restatis Settlement	0	0	0	0	0	75,392	0	0	0	0			75,392
Opana Settlement	0	0	0	0	0	0	0	0	872	0			872
TOTAL	(1,079,406)	(1,894,157)	2,743,581	(1,952,866)	(1,708,403)	2,570,365	(1,817,891)	(1,609,464)	4,607,042	(2,066,984)	0	0	(2,283,574)

Experience Accounting of Silverscript Medicare Retirees Self-Funded Plan
 Summary of FYE 6/30/2023 & FYE 6/30/2024

SILVERSCRIPT - MEDICARE RETIREES ONLY													
	JULY 2022	AUGUST 2022	SEPT 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUNE 2023	FYE 6/30/2023
	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	TOTAL
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	
Revenue	10,480,463	10,555,060	10,366,524	10,366,524	10,381,229	10,105,817	10,964,248	10,949,852	10,864,670	10,877,841	10,833,734	10,832,090	127,578,053
Less:													
Benefit Claims	16,507,048	18,532,423	17,046,654	17,839,389	17,261,368	17,389,816	18,692,727	17,245,511	19,315,666	18,413,160	18,093,364	19,126,995	215,464,121
Benefit Claims Paid to CVS	1,082,005	1,223,020	1,787,610	1,174,370	1,109,898	1,113,605	1,746,417	1,332,109	1,301,490	1,210,098	1,247,686	1,257,702	15,586,010
Administrative Expense	350,452	350,452	351,594	351,594	351,166	351,166	348,697	348,279	347,320	346,831	346,004	345,545	4,189,099
	17,939,505	20,105,894	19,185,658	19,365,353	18,722,431	18,854,587	20,787,841	18,925,899	20,964,476	19,970,088	19,687,055	20,730,242	235,239,230
Subtotal	(7,459,042)	(9,550,834)	(8,819,334)	(8,998,829)	(8,341,202)	(8,748,770)	(9,823,593)	(7,976,047)	(10,099,806)	(9,092,247)	(8,853,321)	(9,898,152)	(107,661,177)
Add:													
Coverage Gap Discount	0	0	12,625,118	0	0	12,389,575	0	0	5,379,365	0	0	10,876,061	41,270,118
Silverscript Rebate*	0	0	15,714,124	0	0	15,483,051	0	0	18,224,220	0	0	19,053,016	68,474,410
Direct Subsidy	(9,739)	(292,130)	(290,928)	(381,886)	(378,790)	(300,120)	(368,239)	(369,781)	(370,367)	(376,443)	(377,851)	(292,442)	(3,808,717)
LIPS Subsidy	17,975	17,302	17,444	17,976	17,343	17,277	16,259	16,788	16,757	16,460	15,930	15,230	202,739
LICS Subsidy	0	0	0	0	7,042	1,208,095	17,524	0	0	0	0	0	1,232,662
Part D Reinsurance	2,999,671	2,980,816	2,980,443	2,976,236	2,974,450	2,979,508	3,083,937	3,069,452	3,057,148	3,073,837	3,064,674	3,062,765	36,302,936
Reinsurance Settlement	0	0	0	0	(142,374)	(6,794,081)	0	0	0	0	0	0	(6,936,455)
Network Guarantee	0	0	0	0	0	1,127,729	0	0	0	0	0	1,143,308	2,271,037
TOTAL	(4,451,135)	(6,844,846)	22,226,865	(6,386,502)	(5,863,531)	17,362,263	(7,074,112)	(5,259,588)	16,207,316	(6,378,393)	(6,150,569)	23,959,786	31,347,554

SILVERSCRIPT - MEDICARE RETIREES ONLY													
	JULY 2023	AUGUST 2023	SEPT 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	FYE 6/30/2024
	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	MEDICARE	TOTAL
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	
Revenue	10,729,184	10,834,940	11,649,801	11,212,107	11,112,010	11,390,607	11,487,566	11,257,945	11,079,395	10,994,064			111,747,619
Less:													
Benefit Claims	19,175,990	20,580,038	19,701,025	21,134,610	20,736,808	20,511,499	26,948,051	19,916,938	21,243,158	21,310,340			211,258,457
Benefit Claims Paid to CVS	1,261,897	1,430,740	1,226,295	1,251,388	1,287,964	1,204,904	2,388,774	1,721,739	1,568,056	1,544,140			14,885,897
Administrative Expense	339,303	344,638	353,685	353,654	353,297	353,440	357,592	357,265	357,143	357,408			3,527,425
	20,777,189	22,355,415	21,281,005	22,739,652	22,378,070	22,069,843	29,694,416	21,995,943	23,168,357	23,211,888			229,671,779
Subtotal	(10,048,005)	(11,520,476)	(9,631,205)	(11,527,544)	(11,266,060)	(10,679,237)	(18,206,850)	(10,737,998)	(12,088,962)	(12,217,824)	0	0	(117,924,160)
Add:													
Coverage Gap Discount	0	0	13,806,644	0	0	13,356,593	0	0	5,400,000	0			32,563,237
Silverscript Rebate	0	0	19,371,763	0	0	18,365,594	0	0	20,200,000	0			57,937,357
Direct Subsidy	(107,358)	(419,171)	(352,380)	(356,004)	(330,785)	(360,723)	517,721	522,368	515,906	512,883			142,458
LIPS Subsidy	16,276	15,985	16,392	15,770	16,654	16,358	8,539	16,852	18,176	16,644			157,645
LICS Subsidy	0	0	0	0	0	0	0	0	15,234	0			15,234
Part D Reinsurance	3,059,455	3,068,909	3,063,373	3,066,616	3,078,304	3,074,674	3,331,474	3,280,565	3,283,668	3,318,815			31,625,852
Ranbaxy Settlement	0	0	0	0	0	0	0	100,299	0	0			100,299
Network Guarantee	0	0	0	0	0	751,317	0	0	0	0			751,317
TOTAL	(7,079,633)	(8,854,754)	26,274,587	(8,801,162)	(8,501,888)	24,524,577	(14,349,115)	(6,817,914)	17,344,023	(8,369,482)	0	0	5,369,239

Experience Accounting of Verdegard (formerly known as HMA, LLC) Actives Self-Funded Plan
 Summary of FYE 6/30/2023 & FYE 6/30/2024

Verdegard (formerly known as HMA, LLC)													
	<u>JULY 2022</u>	<u>AUG 2022</u>	<u>SEP 2022</u>	<u>OCT 2022</u>	<u>NOV 2022</u>	<u>DEC 2022</u>	<u>JAN 2023</u>	<u>FEB 2023</u>	<u>MAR 2023</u>	<u>APR 2023</u>	<u>MAY 2023</u>	<u>JUNE 2023</u>	<u>FYE 6/30/2023</u>
	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>TOTAL</u>
Revenue	33,919	33,482	34,535	34,535	34,731	33,533	31,227	32,158	32,991	33,125	33,046	31,867	399,149
Less:													
Benefit Claims	21,622	25,638	27,855	27,855	17,294	12,684	52,315	23,479	15,866	21,174	13,384	20,443	279,610
Administrative Expense	9,843	9,843	9,843	9,843	9,843	9,843	9,145	9,006	8,804	7,766	7,642	12,416	113,832
IBNR	0	0	0	0	0	0	0	0	0	0	0	(2,000)	(2,000)
	31,465	35,481	37,698	37,698	27,136	22,527	61,460	32,484	24,670	28,940	21,025	30,858	391,442
TOTAL	2,454	(1,999)	(3,163)	(3,163)	7,594	11,006	(30,233)	(326)	8,321	4,185	12,021	1,009	7,708

Verdegard (formerly known as HMA, LLC)													
	<u>JULY 2023</u>	<u>AUG 2023</u>	<u>SEP 2023</u>	<u>OCT 2023</u>	<u>NOV 2023</u>	<u>DEC 2023</u>	<u>JAN 2024</u>	<u>FEB 2024</u>	<u>MAR 2024</u>	<u>APR 2024</u>	<u>MAY 2024</u>	<u>JUNE 2024</u>	<u>FYE 6/30/2024</u>
	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>Actives</u>	<u>TOTAL</u>
Revenue	32,953	33,527	32,153	34,155	32,874	32,445	31,053	33,717	31,659	31,721			326,257
Less:													
Benefit Claims	16,265	23,393	32,058	26,406	23,014	26,909	50,687	19,037	20,254	10,776			248,800
Administrative Expense	9,415	9,448	9,415	9,560	9,496	9,432	9,239	9,399	9,399	9,287			94,091
	25,681	32,841	41,473	35,965	32,510	36,341	59,926	28,436	29,654	20,063			342,890
TOTAL	7,272	686	(9,321)	(1,810)	364	(3,895)	(28,873)	5,281	2,006	11,658	0	0	(16,633)



Monthly Carrier Report

Date: June 6, 2024

Carrier: CVS Health

Period Report Covers: May 2024

Customer Service Utilization and Performance Data:

• **Call Center Statistics:**

- Number of calls answered by a live representative: 450
- Percentage of calls answered in 10 seconds: 94.2 % (424 calls)
- Percentage of calls answered in 30 seconds: 95.3 % (429 calls)
- Average speed of answer (number of seconds before live person answers calls): 5.4 seconds
- Average call duration: 763 seconds
- Calls abandoned at 30 seconds or greater: 2
- Percentage of calls abandoned at 30 seconds or greater: 0.3 %

Breakdown of calls by subject matter (one call can be logged in more than one category)

- Rx Verification - Rx Verify Directions 35
- Miscellaneous – View Account 104
- Claim Inquiry – Rejected Claim 48
- Rx Order – Check Status 26
- Retail – Test Claim 17
- Rx Order Refill 45
- Plan Design - Override 43
- Plan Design- Prior Authorization 35
- Drug Coverage 128
- Eligibility – Processing Information 15
- Others 172

• **Requests by EUTF to Account Mgmt/Customer Care:**

Number of Requests: 88

The average turnaround time for requests was responded to in 1 business day.

All rush enrollments were processed within 1 business day.

Breakdown of escalations by subject matter:

- Account Maintenance – 11
- Enroll Verify – 3
- Outreach – 1
- Reinstatements – 15
- Research – 7
- Rush Enrollments – 51

Appeals: There is a lag in appeals activity. The following appeals information is for the month of April 2024.

19 Total appeals for non-specialty drugs – 14 approved, 5 denied

7 Total appeals for specialty drugs – 5 approved, 2 denied

- **CVS Health Walk-In Servicing**
No CVS Health members visited the customer service office on Bishop Street during the month of May 2024.
- **Operational issues pertaining to EUTF members:**
No information to report.
- **Issues raised by or with the vendor and correspondence to or referred to the vendor:**
No information to report.
- **Any legal actions or proceedings involving EUTF members:**
No information to report.
- **Pending or approved insurance regulations or state legislation affecting benefits:**
No information to report.
- **New issues with respect to new programs or benefits of interest to Board:**
In 2025, CVS is launching a new price model called TrueCost and a pharmacy reimbursement methodology for CVS pharmacies called CostVantage. CVS Caremark is on the agenda for the July 2024 Benefit Committee to review both of these topics. Attached is a summary to provide a preview of the TrueCost information we will present in July.
- **EUTF client service team contact and pending changes to team:**
No information to report.
- **Community activities relating to vendor's that may be of interest to EUTF:**
No information to report.
- **Other:**
There were no Consumer-level or Level 1 recall notices received by CVS Caremark for the month of May 2024.

If you have questions, please contact me at 808-282-0724, or by email at sandra.benevides@cvshealth.com.

Mahalo,



Sandra Benevides
Strategic Account Executive

EXECUTIVE SUMMARY

Reshaping pharmacy pricing

with CVS Caremark TrueCost™



The evolving pharmacy landscape requires bold new thinking about pricing.

For years the pharmacy industry managed drug costs through **market basket pricing** – prices based on a basket of various medications, aiming to balance costs – and **cross-subsidization** – lowering the cost of brand drugs by shifting value from generic drugs.

These approaches are no longer sustainable, and the marketplace is ready for industry-shifting change. With more members exposed to the full cost of their medications through high deductible health plans (HDHP) they tend to shop around for lower prices, going off benefit to do so.

To address this, we're committed to rewiring our pricing strategy for greater cost transparency, putting our clients and their members ahead of the curve.

CVS Caremark TrueCost is reshaping the future of pricing for every drug, every condition and every member.



Providing deeper transparency

with drug level, multi-
year net cost guarantees
across all drugs



Delivering simplicity

with acquisition-based pricing
guarantees to help sustain
economic predictability and
guide strategic decision-
making for clients



Strengthening the value of your pharmacy benefit,

keeping members on
benefit when they fill
their prescriptions



Delivering a deeper level of transparency



TrueCost is designed to offer you a deeper level of transparency while ensuring the same or better value — now you can have both.

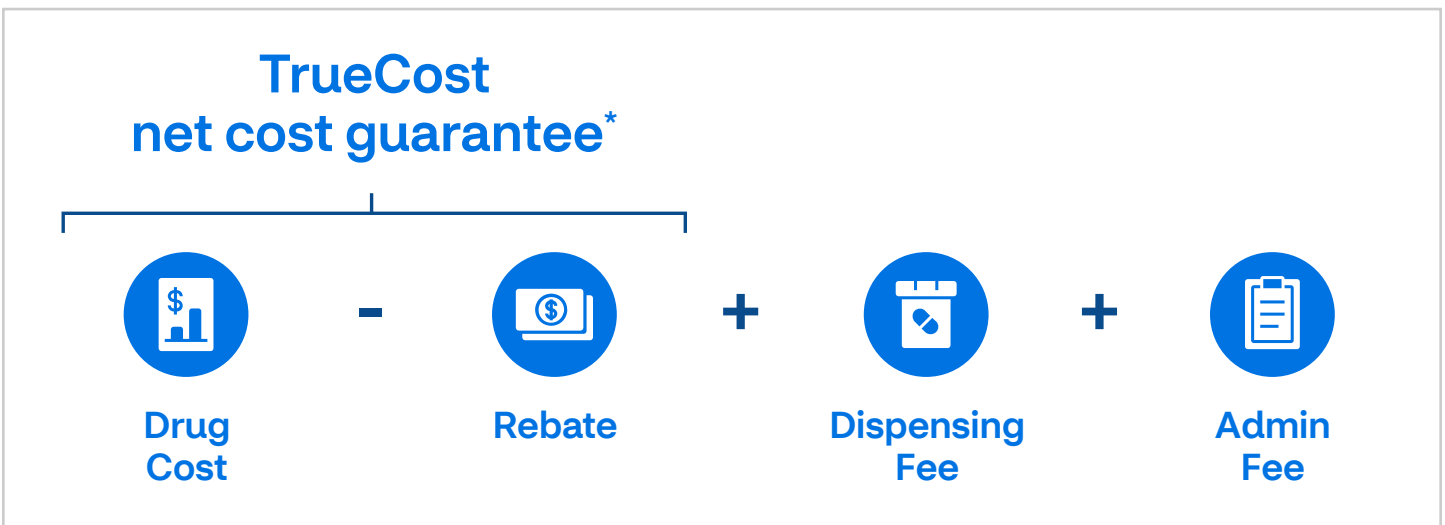


TrueCost provides a multi-year net cost guarantee that incorporates all of the discounts — at the drug level, including rebate value — that we negotiate on your behalf.



TrueCost includes a comprehensive list of all drugs — with their corresponding net cost guarantees, not just select generics — for a complete approach to greater transparency.

A simple equation means more visibility into drug cost economics and pricing



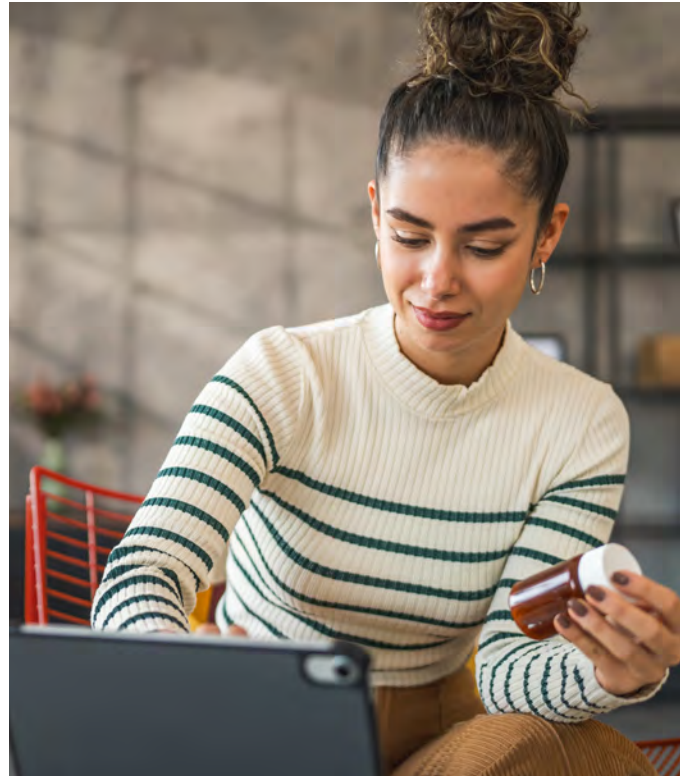
A multi-year pricing guarantee better protects you from market fluctuations and creates more predictability for your plan. Additionally, we proactively provide clear reporting and information so you can make better decisions about your pharmacy benefit.

A straightforward year-end reconciliation makes it easy to evaluate how we've met our contract obligations.

Making it easier for members to stay on benefit — with TrueCost

TrueCost will reduce pricing disparities and help members realize the maximum value of our purchasing power, so they can take full advantage of their benefit. And when they stay on benefit, they get a connected experience with digital tools and clinical support, helping to improve their health outcomes.

TrueCost helps set the stage to contract with network pharmacies in a way that provides them with reimbursements that are more closely aligned to their individual acquisition costs, with dispensing fees to cover their services. In turn, members have ongoing access to an extensive network of participating pharmacies that they choose and use.



Our commitment remains: Helping clients adapt to fast-moving market dynamics

TrueCost aligns with our foundational principles — innovating to manage drug costs and improve member experiences, and bringing you pricing strategies that meet your unique needs.

Talk to your account team today to find out how TrueCost can benefit you.

*A disclosed drug mark-up may be applicable on a client-by-client basis, to ensure appropriate pharmacy network reimbursement based on client's pharmacy utilization.

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Monthly Carrier Report

Date: June 1, 2024

Carrier: 9445

Period Report Covers: May 2024

▪ **Customer Service Utilization and Performance Data:**

▪ **Call Center Statistics:**

Number of calls – *1,095*

Percentage of calls answered in 30 seconds – *95.2% (1042 calls)*

Average speed of answer (number of seconds before live body answers calls) *7.1 seconds*

Abandonment rate *0.2%*

Average call duration *797 seconds*

Breakdown of calls by subject matter (one call can be logged in more than one category):

- Miscellaneous – View Member Account – 663
- Rx Verification - Rx Verify Directions – 197
- Plan Design – Prior Auth - 120
- Order Placement – CCR Refill – 595
- Order Status – Order Inquiry - 170
- Plan Design – Plan Benefit Override - 328
- Retail Test Claim - 121
- Plan Design – Plan Design Education - 121
- Others – 1130

▪ **Requests by EUTF to Account Management/Customer Care:**

Number of Requests: 11

Average turnaround time complaints were responded to: less than 1 Day

Breakdown of escalations by subject matter:

- *Account Maintenance: 5*
- *Reinstate: 2*
- *Research: 1*
- *Verify Enrollment: 2*
- *Outreach: 0*
- *Ru sh/Manual Enrollments: 1*

- **CVS Health Walk-In Servicing**

0 SilverScript member visited the customer service office on Bishop Street during the month of May 2024.

- **Operational Issues Pertaining to EUTF Members:**

No new issues to report.

Issues Raised by or With the Vendor and Correspondence to or Referred to the Vendor:

No new issues to report.

- **Any Legal Actions or Proceedings Involving EUTF Members:**

No new actions to report.

- **Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:**

No new information to report.

- **New Issues with Respect to New Programs or Benefits of Interest to Board:**

No new issues to report.

- **EUTF Client Service Team Contact and Pending Changes to Team, If Any:**

No new issues to report.

- **Community Activities Relating to Vendors That May Be of Interest to EUTF:**

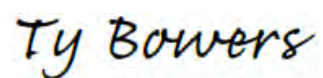
No new information to report

- **Other:**

As an update to the information provided last month around the new MED D cardiovascular disease indication for the drug Wegovy. As of June 3rd, if a Wegovy claim is denied, a reject message will notify the pharmacy – “FOR CVD RISK, CONTACT PRESCRIBER.” Requests for the Medicare Part D eligible indication will go through the usual formulary exception process.

If you would like to have further detail on any of these topics, please feel free to contact Ty Bowers at 480-253-2963 or via email at ty.bowers@cvshealth.com.

Mahalo,



Ty Bowers
Strategic Account Director, Medicare Account Services

Monthly Carrier Report

Date: June 10, 2024

Carrier: Hawaii Dental Service

Period Report Covers: May 2024

- Customer Service Utilization and Performance Data:
Number of in person interactions with HDS and EUTF participants (walk-ins) = 2
- Call Center Statistics:
Total number of calls = 973
Percentage of calls answered in 10 seconds = 27.06%
Percentage of calls answered in 30 seconds = 93.42%
Average speed of answer (number of seconds before live body answers calls) = 15.61 seconds
Abandonment rate = 1.64%
Average call duration = 6:15 minutes
Breakdown of calls by subject matter
Eligibility/Benefits: 46%
Claim Status: 12%
Request for ID card: 11%
Refer to EUTF (address change): 2%
Dentist search: 3%
Other Misc.: 20%
HDS Online Support: 2%
Results may not total 100%. One call could have more than one subject matter.
- Complaints:
Number of Complaints = 0
Average turnaround time complaints were responded to = n/a
Breakdown of complaints by subject matter Number Resolved/Number Pending
Resolution - None

- Operational Issues Pertaining to EUTF Members:

Network Additions	Network Exits
Dr. Gordon E Edgar - Hawaii	Dr. Andrea Braun - Oahu - Moved OOS
Dr. Devin Peck - Hawaii	
Dr. Michael J Rethman - Oahu	
Dr. David S Singleton - Oahu	

- Issues Raised by or With the Vendor and Correspondence to or Referred to the Vendor: None
- Any Legal Actions or Proceedings Involving EUTF Members: None
- Pending or Approved Insurance Regulations or State Legislation Affecting Benefits: None
- New Issues with Respect to New Programs or Benefits of Interest to Board: None
- EUTF Client Service Team Contact and Pending Changes to Team, If Any: None
- Community Activities Relating to Vendors That May Be of Interest to EUTF:

On May 18th HDS President and CEO joined our Marketing Team at the 3rd Annual Moloka'i Community Resource Fair at the Lanikeha Community Center in Ho'olehua (pictured below). Attendees stopped by for toothbrushes and oral hygiene tips and fun activities. HDS held our annual meeting on May 23rd where we provided a CE session for our participating dentists and presented our future plans while addressing the current challenges in the dental industry. HDS President and CEO Dr. Diane S.L. Paloma was honored as one of the American Lung Associated Outstanding Mothers which recognizes mothers who go above and beyond in their careers, community, and families.



- Other: HDS received seven appeals.

Joey Lee

Joey Lee, Director of Sales



Monthly Carrier Report

Date: June 7, 2024

Carrier: Hawaii Medical Service Association (HMSA)

Period Report Covers: May 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

- Number of calls - 2,554
- Average speed of answer (number of seconds before live body answers calls) - 02:11
- Abandonment rate - 7.09%
- Average call duration - 07:51 (MM:SS)

- **Complaints:**

HMSA's organization is set up with an initiative known as First Call Resolution (FCR). FCR is the concept that members should only have to contact HMSA one time with their concern/inquiry for it to be resolved. Although members' inquiries may not be resolved during the first call, the idea is that the member should not have to call HMSA again after their initial contact.

If a member is not satisfied with a response by a customer service representative, the member is provided with HMSA's Appeals Rights and Processes. If a member decides to submit a formal Appeal with HMSA, HMSA begins tracking the member appeal through our Appeals Department, which is the information that we have provided below.

- **May 2024**

- Total number of appeals unresolved from the previous month: 30
- Total number of appeals received: 34
- Average turnaround time appeals were responded to: 35.9 days (excluding appeals that were extended)
- Total number of appeals resolved with extensions: 0
 - In some instances, additional information is required to support the nature of an Appeal, such as additional medical records. Extensions are applied after obtaining member approval.
- Total number of appeals resolved without an extension: 25
- Breakdown of appeals by subject matter - Number Resolved/Number Pending Resolution:
 - 37 Appeals pending as of June 7, 2024.
 - 25 Appeals resolved in May 2024.
 - 2 Appeals withdrawn in May 2024.
 - 0 Appeals voided in May 2024.



Appeal Description	Count of Cases
Overtured	10
Imaging/Scan	2
Prescription Medication	2
Knee Reconstruction/Repair	2
Medical Device	1
Telehealth Visit	1
ER Visit	1
Mammography/Breast Tomosynthesis	1
Partially Upheld	1
Office Visit	1
Upheld	14
Colorguard	3
Lab	2
Speech Therapy	2
Sleep Apnea Equipment	1
Surgery	1
Office Visit	1
Injectable	1
CTA Coronary Arteries	1
Infusion Service	1
Prescription Medication	1
Withdrawn	2
Out of Country Service	1
Immunization	1
Total	27



Operational Issues Pertaining to EUTF Members:

None for May 2024.

Issues Raised By or With the Vendor and Correspondence to or Referred to the Vendor:

None for May 2024

Any Legal Actions or Proceedings Involving EUTF Members:

None for May 2024.

Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:

None for May 2024.

New Issues with Respect to New Programs or Benefits of Interest to Board:

None for May 2024.

EUTF Client Service Team Contact and Pending Changes to Team, if Any:

None for May 2024.



Community Activities Relating to Vendor’s That May Be of Interest to EUTF:

Mental Health day at the Capitol

Lanalika Pacific INSPO!

Mental Health American of Hawaii

March of Dimes’ March for Babies

Japanese Cultural Society of Maui
Maui Children’s Festival

Flores de Mayo Filipino Fiesta

Mililani Town Association
Senior Fair

YWCA Leader Luncheon

Child and Family Service
Ohana Fun Festival

School Events
Roosevelt HS Project Graduation
King Kekaulike HS Project Graduation
Puohala Elementary Field Day
Kailua-Kalaheo Ho’opili 6th Grade Field Day

Golf Tournaments
Rise Golf Tournament
Hawaii Athletic Trainers Association

Other:
None.

If you have any questions, please contact me at 952-7845.

Sincerely,

Christopher M. Letoto
Manager, EUTF Program
Account Management and Sales



Monthly Carrier Report

Date: June 8, 2024

Carrier: Humana

Plan: EUTF Medicare Advantage Plan (MA Only)

1. **Period Report Covers:** May 1, 2024 through May 31, 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

- Number of calls answered by a live representative
 - EUTF specific: 5
 - Humana Book of Business: 59,911
- Percentage of calls answered in 30 seconds
 - Humana Book of Business: 96.12%
- Average speed of answer (number of seconds before live person answers calls):
 - Humana Book of Business: 7 seconds
- Average call duration: 6
 - Humana Book of Business: 586 seconds

Breakdown of calls by subject matter (calls can be logged in more than one category or not logged)

Call Driver*	Number of Calls*
○ Authorization/Referral	0
○ Benefits	2
○ Claims	1
○ Communication	0
○ Demographics	0
○ Disenrollment	0
○ Eligibility	0
○ Enrollment	0
○ Fulfillment	0
○ Rx	1
○ Provider	0
○ Outbound Call	0
○ Wellness	0
○ Other/Miscellaneous	1

*EUTF specific

- **Requests by EUTF to Account Management/Customer Care (Account Concierge ACS):**
 - Number of Requests in May: 0 Account Management and ACS
 - The average turnaround time for request: N/A
 - All rush enrollments were processed within 1 business day(s): 0 requests made
 - Breakdown of escalations by subject matter:
 - Account Management and ACS subject matter – N/A
 - Rush enrollment subject matter – N/A

- **Appeals: The following appeals information is for the month of May 2024.**
 - Number of Appeals in May 2024: 0
 - Number of Appeals resolved in May 2024: 0
 - Number of Appeals withdrawn in May 2024: 0
 - Number of Appeals voided in May 2024: 0
 - Number of Appeals pending in May 2024: 0
 - Total number of appeals remaining open in May 2024: 0
 - Average turnaround time appeals were responded to: 0 or N/A days (excluding appeals that were extended)
 - Breakdown of appeals by subject matter:

Appeal Description	Count of Appeals
Overtured	N/A
Upheld	N/A
Outpatient Surgery	N/A
Withdrawn	N/A
Total	N/A

- **Humana Walk-In Servicing**
 - The Humana office at 733 Bishop St, Suite 2100, Honolulu, HI 96813 is open with normal business hours (Monday through Friday from 8:00 a.m. to 5:00 p.m.)
 - There were 0 EUTF members that visited the Humana office in May.

- **Operational Issues Pertaining to EUTF Members:**
No information to report for May 2024.

- **Issues Raised By or With the Vendor and Correspondence to or Referred to the Vendor:**
No information to report for May 2024.

- **Any Legal Action or Proceedings Involving EUTF Members:**
No information to report for May 2024.

- **Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:**
No information to report for May 2024.

- **New Issues with Respect to New Programs or Benefits of Interest to Board:**

No information to report for May 2024

- **Other:**
No information to report for May 2024.

Please contact me with any questions at 502-418-2712, or by email at jsmith55@humana.com.

Thank you,

A handwritten signature in black ink, appearing to read "Jenny Smith". The signature is fluid and cursive, with the first name "Jenny" being more prominent than the last name "Smith".

Jenny Smith
Senior Account Executive

Monthly Carrier Report

Date: June 10, 2024

Carrier: Kaiser Permanente

Period Report Covers: May 2024

- **Customer service utilization and performance data:**

- **Call center statistics:**

Number of calls: 431 Calls

Percentage of calls answered in 30 seconds: 96.31%

Percentage of calls answered in 20 seconds: 95.85%

Percentage of calls answered in 10 seconds: 95.62%

Average speed of answer: 4 seconds

Abandonment rate: 0.69%

Average call duration: average talk time 388 seconds

(18%) Access, (62%) Benefits, (0%) Billing Issues, (8%) Claims, (1%) Complaints,
(7%) Eligibility, (0%) ID/Demographics, (4%) Materials Requested

- **Complaints:**

Number of Complaints: 71

Average turnaround time complaints were responded to: 12.00 days to close concerns

Breakdown of complaints by subject matter – Number Resolved/Number Pending

Resolution: 52 closed, 19 open

– Access – (4) Appointment schedule, (1) Referral

– Benefits & Enrollment – (2) Coordination of Benefits, (5) Cost share, (1) Disenrollment,
(1) Other

– Facility – (2) Wait for service, (1) Check-in kiosk

– Operational Process – (5) Phone system, (1) Medical record, (1) ID verification questions, (1) Other

– Physician – (9) Courtesy & communication, (20) Diagnosis treatment or care

– Other – (9) Billing issue, (4) Pharmacy, (2) Confidentiality, (1) Non-KP issue, (1) Forms

- **Appeals:**

Number of Appeals in May 2024: 6

Number of Appeals approved in May 2024: 5

Number of Appeals denied in May 2024: 1

- **Operational issues pertaining to EUTF members:**

Holiday Clinic Closures:

July 4, 2024 – In observance of Independence Day

ER will remain open 24/7

- **Issues raised by or with the vendor and correspondence to or referred to the vendor:**

No information to report

- **Any legal actions or proceedings involving EUTF members:**

No information to report

- **Pending or approved insurance regulations or state legislation affecting benefits:**

No information to report

- **New issues with respect to new programs or benefits of interest to board:**
No information to report
- **EUTF client service team contact and pending changes to team, if any:**
No information to report
- **Community activities relating to vendor's that may be of interest to EUTF:**
No information to report
- **Other:**
Increasing Access to Mental Health Care Across Hawaii – Kaiser Permanente Hawaii has awarded grants totaling \$1,491,882 to two local nonprofits and one public university to expand behavioral health care services for the homeless on Hawaii Island and accelerate mental health professional training and licensure throughout the state. HOPE Services Hawaii received a \$75,000 grant award, the National Council for Mental Wellbeing received a \$1,176,882 grant award, and the University of Hawaii at Manoa Thompson School of Social Work & Public Health received a \$350,000 grant award.

HOPE Services Hawaii received \$75,000 for its clinical behavioral health program aimed at expanding behavioral health care for people experiencing homelessness on Hawaii Island. The program is designed to improve access to mental health and substance abuse services by reducing transportation barriers and increasing the availability of medical respite beds. Funds will be used to acquire a designated vehicle for patient transportation, support facility improvements at new medical respite bed sites and provide necessary supplies and equipment, improving access, and enhancing the overall delivery of behavioral health services.

National Council for Mental Wellbeing will use its grant funding of \$1,176,882 to further its mental health workforce accelerator programs aimed at addressing the mental health professional workforce shortage in Hawaii, especially in rural and underserved communities. The programs will support pathways into licensed master's level mental health professions through initiatives that include employment, stipends, supervision and licensure assistance for pre- and post-master's associates placed into community provider settings. Funding will also help facilitate the strategic planning necessary to fill 100% of candidate placement spots to ensure selection reflects the increasingly diverse population and helps increase the number of patients served throughout the state.

The University of Hawaii at Manoa Thompson School of Social Work & Public Health received \$350,000 to support the clinical licensure of 20 individuals across Hawaii. The goal of this program is to help increase the number of qualified mental health professionals available to the community while also improving diversity, equity and inclusion in patient-facing mental health positions. The program will focus on recruiting pre-licensed post-master's candidates while working with 10 to 20 social services agencies to hire, supervise and support these candidates until they obtain their clinical licenses. The grant funds will provide supportive services, tools and stipend support intended to remove barriers that candidates may encounter on their path toward licensure.

Troy Tomita



Senior Account Manager
Kaiser Permanente

Monthly Carrier Report – Hawaii EUTF

Date: June 06, 2024
Carrier: Securian Financial
Report Period: May 2024

Customer Service, Utilization and Performance Data

- Group Term Life Claims Paid: 164
- Active Employee Claims: 6
- Retiree Claims: 182
- Average Processing Time: 5 business days

Appeals Summary

- Number of Active Appeals: 0
- Number of Resolved Appeals: 0
- Average Time to Resolve: N/A
- Resolution Summary: N/A

Walk-In Servicing

- Number of Walk-In Visits: 0
- Average Time per Walk-In: 0 minutes 0 seconds

Customer Service Statistics

- Number of Calls Received: 175
- Average Speed to Answer: 5 seconds
- Abandonment rate of all calls received: 0.00%
- Average Call Duration: 4 minutes 28 seconds
- Requests by Category:
 - Claims: 4
 - Member information changes or updates: 39
 - Policy related requests: 67
 - Other: 29

Narrative of Other Activities

- Complaints: None to report.
- Operational Issues Impacting EUTF Members: None to report.
- Issues Raised By or With the Vendor: None to report.
- Legal Actions/Proceedings Involving EUTF Members: None to report.
- Pending/Approved Insurance Regulations Impacting Benefits: None to report.
- New Programs and Benefits of Interest to Board: None to report.
- Changes to EUTF Service Team: None to report.
- Community Activities of Interest to the Board: None to report.

Submitted 06/06/2024 by:
Denise Mercil, Field Service Representative, Securian Financial
(808) 282-6783, Denise.Mercil@Securian.com





Monthly Carrier Report

Date: June 7, 2024

Plan: EUTF Supplemental Medical and Prescription Drug Plan

Carrier: Verdegard Hawaii formerly known as HMA

Period Report Covers: May 1, 2024 through May 31, 2024

Customer Service Utilization and Performance Data

Total number of employees enrolled: 576

Total number of members enrolled: 1,529

Total number of claims paid: 168

Average turnaround time: 10 Days

Call Center Statistics

Number of Calls: 13

Average Speed of Answer From a Live Body: 7 Seconds

Abandonment Rate: 0%

Breakdown of Calls (By Subject Matter)

Although we do not have an automated manner in which to track the breakdown of calls by subject matter, our detailed assessment for this month is as follows:

- **Approximately 50% of calls received are member's following-up on claims status.**

Claims status inquiries include:

- Confirm receipt of claims and documents
- Confirm claim reimbursement amounts
- Claims status

- **Approximately 50% of calls received are of other miscellaneous related inquiries.**

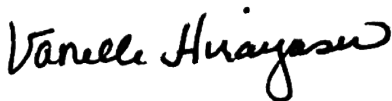
Miscellaneous inquiries include:

- Requests for claim form
- Inquiry to learn more about the plan
- Benefit check
- Eligibility

- **Complaints:**
Number of Complaints: 0
Average turnaround time complaints were responded to: N/A
Breakdown of complaints by subject matter: N/A
Resolution: N/A
- **Operational issues pertaining to EUTF Members:**
None to report.
- **Issues raised by or with the vendor and correspondence to or referred to the vendor:**
None to report.
- **Any legal actions or proceedings involving EUTF Members:**
None to report.
- **Pending or approved insurance regulations or state legislation affecting benefits:**
None to report.
- **New issues with respect to new programs or benefits of interest to board:**
None to report.
- **EUTF client service team contact and pending changes to team, if any:**
None to report.
- **Community activities relating to vendor's that may be of interest to EUTF:**
None to report.
- **Others:**

Please feel free to contact me directly at (808) 441-6024 with any questions or clarification concerning this report.

Sincerely,
Vanelle Hirayasu



Director, Account Management
Verdegard Hawaii



Monthly Carrier Report

Date: June 9, 2024
To: EUTF Board of Trustees
From: VSP Vision Care 
Monica Kim, Market Director - Hawaii
Report Period: MAY 2024

• Customer Service Utilization Data:

- o EUTF customer walk-ins to the VSP Hawaii Office in May 2024: N/A

• Call Center Statistics:

VSP's main 1-800 customer service line (1-800-877-7195) Monthly Data

2024 Quarterly Performance Guarantee applied to VSP's main Customer Service Line

- o Number of Calls Company-Wide: 739,975 calls

EUTF-specific toll-free number (1-866-240-8420) Monthly Data

2024 Quarterly Performance Guarantee now applies to EUTF-specific phone line

Q1 2024 Results included in VSP's Performance Standards Report

- o Number of calls: 103 Active & Retiree calls
- o Average speed of answer (# of seconds before live body answers calls): 47 seconds
- o Call abandonment rate: 3.20%
- o Average call duration: 2 minutes 28 seconds

EUTF Member Call Response Report (combined): 157 Active & 341 Retiree calls

- o VSP Confidential EUTF Call Response Reports enclosed
(Call breakdown by subject matter)

• Complaints:

- o Number of Complaints*: 9 (4 Active & 5 Retiree)
- o Average turnaround time complaints were responded to:
 - Call Resolution (same day) 56%
 - Complaint Acknowledgement within 5 business days 100%
 - Complaint Resolution within 30 calendar days 100%
- o Breakdown of complaints by subject matter:
VSP Confidential Complaint & Grievance Summary Reports (Active & Retiree) enclosed
 - Number Resolved 9
 - Number Pending Resolution 0

*Individuals with complaints may state more than one issue

- **Operational Issues Pertaining to EUTF Members:** None
- **Issues Raised By or With the Vendor and Correspondence To or Referred to the Vendor:** None
- **Any Legal Actions or Proceedings Involving EUTF Members:** None
- **Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:** None
- **New Programs or Benefits of Interest to the Board:** None
- **EUTF Client Service Team Contact and Pending Changes to Team, If Any:** None
- **Community Activities Relating to Vendor's That May Be of Interest to EUTF:** None
- **Other:** None

Call Response Summary Report
 HI EMPLOYER UNION HEALTH TRUST 12216503
 May 2024

On average, for 1,000 subscribers, VSP receives 6 calls per month

Total Client Calls

157

<u>Reason</u>	<u>Reason For Calling</u>	<u>Client Counts</u>	<u>Client Percent</u>	<u>VSP Percent BOB</u>
Claims	In-Network Claim	7	4.46%	1.38%
	Out of Network Claim	8	5.10%	3.23%
Complaints	Complaint	1	.64%	.47%
	Doctor Referral	2	1.27%	4.74%
Eligibility Not Online	Dependent Not Listed	1	.64%	.09%
	Member Not Active	1	.64%	1.09%
IVA Service	Benefits Description link received	15	9.55%	10.90%
	Dependent Check Eligibility	1	.64%	.77%
	Member Benefits Description	5	3.18%	3.35%
	Member Check Eligibility	6	3.82%	6.09%
	Multiple Coverage	25	15.92%	20.31%
	Provided Dr List	1	.64%	.67%
Member Benefits & Services	Provider List Link received	2	1.27%	.98%
	Available Services	39	24.84%	15.50%
	Benefits Description	23	14.65%	15.99%
Member VSP.com	ID Number/ID Card Inquiry	7	4.46%	3.79%
	Password Reset	4	2.55%	2.13%
	Register / Update Account	3	1.91%	2.18%
TPA/Individual Plan	Change/Cancel	2	1.27%	1.56%
	Premiums/Billing	4	2.55%	1.17%
Grand Total		157		

Report includes authenticated and tracked calls and should only be used for trending purposes and does not represent the total number of calls received by VSP. It should not be used as a comparison to other reports, or for reporting of Performance Guarantees.

Call Response Summary Report
 HI EMPLOYER-UNION TRUST RETIRE 12216652
 May 2024



On average, for 1,000 subscribers, VSP receives 6 calls per month

Total Client Calls

341

<u>Reason</u>	<u>Reason For Calling</u>	<u>Client Counts</u>	<u>Client Percent</u>	<u>VSP Percent BOB</u>
Claims	In-Network Claim	9	2.64%	1.38%
	Out of Network Claim	13	3.81%	3.23%
Complaints	Complaint	2	.59%	.47%
	Provided Dr List	11	3.23%	4.74%
Doctor Referral	Benefits Description link received	32	9.38%	10.90%
IVA Service	Member Benefits Description	12	3.52%	3.35%
	Member Check Eligibility	27	7.92%	6.09%
	Multiple Coverage	68	19.94%	20.31%
	Provided Dr List	1	.29%	.67%
	Provider List Link received	1	.29%	.98%
	Issuing	1	.29%	.62%
	Available Services	70	20.53%	15.50%
Member Authorization	Benefits Description	53	15.54%	15.99%
	Correct Member/Dependent Info	1	.29%	.75%
	ID Number/ID Card Inquiry	13	3.81%	3.79%
	Medically Related	1	.29%	.18%
	Claim Submission	2	.59%	.39%
Member VSP.com	Password Reset	10	2.93%	2.13%
	Register / Update Account	12	3.52%	2.18%
	Enrollment	1	.29%	.22%
TPA/Individual Plan	Premiums/Billing	1	.29%	1.17%
Grand Total		341		

Report includes authenticated and tracked calls and should only be used for trending purposes and does not represent the total number of calls received by VSP. It should not be used as a comparison to other reports, or for reporting of Performance Guarantees.

VSP CONFIDENTIAL - Report generated on: 06/09/2024 at 19.03.06

The information contained in this report is confidential and is not intended for distribution outside the VSP client and/or broker partnership.

Information Source: FOCUS/SCFR0006 Page: 1

Complaints and Grievances Summary Report
 HI EMPLOYER UNION HEALTH TRUST - 12216503
 May 2024 - May 2024
 State: ALL

Complaint Category: Member

Complaint Description	MAY	TOTAL
MEMBER UNHAPPY WITH DOCTOR REGARDING BILLING-CHARGES	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING MATERIALS-LENSES/OPTIONS	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING OTHER PROVIDERS-RETAIL CHAINS-EXAM/MATERIALS	1	1
MEMBER UNHAPPY WITH VSP REGARDING POLICIES-AOB/OON	1	1
TOTAL	4	4

Complaints and Grievances Summary Report
 HI EMPLOYER-UNION TRUST RETIRE - 12216652
 May 2024 - May 2024
 State: ALL

Complaint Category: Member

Complaint Description	MAY	TOTAL
MEMBER UNHAPPY WITH DOCTOR REGARDING MATERIALS-LENSES/OPTIONS	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING MISINFORMATION-FROM DOCTOR	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING OTHER PROVIDERS-RETAIL CHAINS-EXAM/MATERIALS	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING SERVICE-PRESCRIPTION	1	1
MEMBER UNHAPPY WITH VSP REGARDING CLAIM PROCESSING-PROCEDURES/ACCURACY	1	1
TOTAL	5	5