



JOSH GREEN, M.D.
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SYLVIA LUKE
LIEUTENANT GOVERNOR

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
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BOARD OF TRUSTEES
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ADMINISTRATOR
DEREK M. MIZUNO
ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

September 18, 2024

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

DATE: September 24, 2024, Wednesday
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 – July 30, 2024
- III. Old Business
 - A. Benefits Administration System Implementation Status Update
- IV. Executive Session
 - A. Appeal – Request to Enroll Outside of Open Enrollment [Authorized under HRS 92-5(a)(4)(8)(Article I. Section 6 of the Hawaii State Constitution, HIPAA)]
- V. Committee Reports
 - A. Investment Committee
 1. Quarterly Performance Report – Q2 2024
 2. Quarterly Private Credit Report and Annual Portfolio Review – Q1 2024
 3. Quarterly Private Equity Report – Q1 2024
 4. Quarterly Private Real Assets Report – Q1 2024
 5. OPEB Evolving Policy Plan
 6. EUTF Trust Fund Strategic Allocation Study

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.

- B. Administrative Committee
 - 1. 2025 Legislative Proposals
 - 2. Biennium Budget Request – July 1, 2025 – June 30, 2027
- C. Benefits Committee
 - 1. Kaiser Permanente Senior Advantage Plan Change
 - 2. Kaiser Permanente Disease Management/Integrated Health Management (DM/IHM) Improvement Plan
 - 3. HMSA DM/IHM Improvement Plan
 - 4. HMSA Disease Management Programs
 - a. AccordantCare Rare Program
 - b. Virta Digital Diabetes Program
 - 5. Segal Clinical Programs Analysis
 - 6. HMSA Payment Transformation
 - 7. HMSA e-Consult Program

- III. Old Business (continued)
 - B. Updated Prescription Drug Plan Retiree Rates Effective January 1, 2025 – Caremark and SilverScript
 - C. Revised EUTF Administrative Rules
 - D. Permitted Interaction Group

- VI. New Business
 - A. HMSA Network – Kapiolani Medical Center
 - B. HMSA HMO Analysis

- VII. Reports
 - A. EUTF Benefits Consultant (Segal)
 - 1. Amended Five-Year Rate Projection with Approved Updated Prescription Drug Plan Retiree Rates Effective January 1, 2025
 - 2. Quarterly Plan Performance Report – June 30, 2024
 - 3. Quarterly Performance Guarantee Report – June 30, 2024
 - 4. June 30, 2024 IBNR Calculation – Prescription Drug Plan and Supplemental Medical and Prescription Drug Plan
 - 5. 2024 Q3 Trends Report
 - 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. County of Kauai Special Open Enrollment
 - d. 2025 Retiree Open Enrollment
 - 2. Information Systems (IS)

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board Meeting

September 18, 2024 Notice

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- a. EUTF Benefits Administration System (BAS) Project
 - b. Security Assessment
 - c. Equipment Replacement
 - d. 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. 2024 Financial Audit
 - e. Financial Statements as of June 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 Hawaii (formerly known as HMA)
 9. Vision Service Plan (VSP)
- IV. Executive Session (continued)
- B. Investment Committee
 1. Private Real Assets Manager Evaluation [Authorized under HRS 92-5(a)(8) and HRS 87A-31(g)]
 2. Private Equity Manager Evaluation [Authorized under HRS 92-5(a)(8) and HRS 87A-31(g)]
 3. Co-Investment Update [Authorized under HRS 92-5(a)(8) and HRS 87A-31(g)]
 - C. RFP 25-001 Actuarial Services for Other Post-Employment Benefits [Authorized under HRS 92-5(a)(8)(HRS 103D)]
 - D. Deputy Attorney General Legal Opinions [Authorized under HRS 92-5(a)(4) and 92-5(a)(6)]
 - E. Review of Minutes – July 30, 2024 [Authorized under HRS 92-5(a)(8) and 92-9(b)]
- VIII. Next Meeting
Tuesday, October 22, 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](#) or copy and paste the following URL into your browser:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjFmODZkMTEtODg3ZS00MTliLTg5NzItOGJlMzdIMDg3NjU1%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d
 - For instructions to turn on live captions in Microsoft Teams, [please click here](#).
- Dial-in number: [+1 808-829-4853](tel:+18088294853) United States, Honolulu (Toll)
- Phone Conference ID: 930 215 979#

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
2 HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

3 Minutes of the Board of Trustees

4 Tuesday, July 30, 2024

5
6 TRUSTEES PRESENT

7 Mr. Ryan Yamane, Chairperson

Mr. Wesley Machida

8 Mr. Robert Yu, Vice Chairperson

Ms. Sabrina Nasir (via video conference)

9 Mr. James Wataru, Secretary-Treasurer

Mr. Osa Tui

10 Ms. Jacqueline Ferguson-Miyamoto

Ms. Maureen Wakuzawa

11 Mr. Christian Fern

12
13 TRUSTEES ABSENT

14 Ms. Audrey Hidano

15
16 ATTORNEY

17 Mr. Michael Chambrella, Deputy Attorney General

18
19 EUTF STAFF

20 Mr. Derek Mizuno, Administrator

Ms. Emily Kaimuloa (via video conference)

21 Ms. Donna Tonaki, Assistant Administrator

Ms. Katie Matsushima (via video conference)

22 Ms. Desiree Yamauchi

Ms. Jessica McDonald (via video conference)

23 Ms. Amy Cheung (via video conference)

Mr. Todd Nishida (via video conference)

24 Ms. Lauren Endo (via video conference)

Ms. Lara Nitta (via video conference)

25
26 CONSULTANTS (via video conference, unless otherwise noted)

27 Ms. Shelley Chun, Segal Consulting

Mr. Stephen Murphy, Segal Consulting (in person)

28 Ms. Mary Fedor, Segal Consulting

Mr. Richard Ward, Segal Consulting (in person)

29
30 OTHERS PRESENT (via video or audio conference, unless otherwise noted)

31 Ms. Salena Atencio, Verdegard

Mr. Chris Letoto, HMSA (in person)

32 Ms. Stacia Baek, HDS

Ms. Charina Masatsugu, Kaiser

33 Ms. Amy Bell, TELUS Health (in person)

Ms. Denise Mercil, Securian

34 Ms. Sandra Benevides, CVS

Dr. Christopher Miura, Kaiser

35 Mr. Ty Bowers, CVS

Mr. Kurt Neuenfeld, CVS

36 Mr. Francis Cuenca, CVS

Ms. Kris Onaga, HMSA

37 Mr. Joe Ebisa, WithIntelligence

Ms. Canela Queiruga, Verdegard

38 Mr. Thomas England, Kaiser

Mr. Frank Rogozienski, Legislature

39 Dr. Rupal Gohil, HMSA

Mr. Dave Shiroma, Kaiser

40 Mr. Roy Goo, HMSA (in person)

Ms. Jenny Smith, Humana

41 Mr. Galen Haneda, HMSA

Mr. Don Thacker, TELUS Health (in person)

42 Ms. Monica Kim, VSP

Mr. Troy Tomita, Kaiser

43 Ms. Meagan Kini-Ho, HMSA

Ms. Anne VanHaaren, CVS

44 Ms. Mae Kishimoto, HSTA-Retired

Mr. Albert Vargas, Legislature

45
46 I. CALL TO ORDER

47 The meeting of the Board of Trustees of the Hawaii Employer-Union Health Benefits Trust
48 Fund (EUTF) was called to order at 9:00 a.m. by Chairperson Ryan Yamane, in the EUTF
49 Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Tuesday, July 30, 2024.

50
51 II. REVIEW OF MINUTES – JUNE 25, 2024

1 The Board reviewed the draft minutes of June 25, 2024.

2
3 MOTION was made and seconded to approve the minutes of June 25, 2024, as circulated.
4 (Wataru/Wakuzawa) The motion passed unanimously. (Employer Trustees-
5 4/Employee-Beneficiary Trustees-5)
6

7 III. OLD BUSINESS

8 A. Benefits Administration System Implementation Status Update

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

- 12 • Sprint 3 put into Production on July 2, 2024.
- 13 • For the 12 payroll and other accounting report issues, 10 have been closed and two will
14 be completed by December 31, 2024.
- 15 • SSI imports will be removed as it has substantially been completed.
- 16 • Death imports continue to be worked on with the Department of Health and TELUS
17 Health. The expected completion date is August 30, 2024.
- 18 • Milestone (e.g., when a surviving spouse's dependent child turns 19-23, the BAS is
19 supposed to mail a letter requesting a student certification for retiree coverage) and
20 expiry (e.g., if the student certification is not submitted, the BAS is supposed terminate
21 the dependents applicable coverages) jobs are projected to be completed by October 31,
22 2024.
23

24 IV. NEW BUSINESS

25 A. Inflation Reduction Act

26 1. Segal update on creditable coverage

27 Mr. Steve Murphy, Segal Consulting, informed the Board that the EUTF and HSTA
28 VB active employee and non-Medicare retiree self-funded prescription drug plans will
29 continue to be considered creditable coverage in 2025 even with the federal
30 requirement of a \$2,000 annual maximum out-of-pocket for Medicare Part D
31 prescription drug plans. The creditable coverage designation ensures that members age
32 65 or older enrolled in these plans will not be subject to penalties when they enroll in a
33 Medicare Part D prescription drug plan. Kaiser will also be validating creditable
34 coverage of their active employee and non-Medicare prescription drug plans in 2024
35 and at this point, do not foresee any issues.
36

37 2. SilverScript update on the Medicare Prescription Payment Plan

38 Mr. Ty Bowers, SilverScript, presented information on the federally mandated
39 Medicare Prescription Drug Payment Plan (M3P) effective January 1, 2025 including
40 monthly per enrollment member cost, billing, outstanding balances, how to enroll,
41 process for termination from M3P and member experience. The Board also noted that
42 Kaiser will also be adding this to their Senior Advantage plans effective January 1,
43 2025 to comply with federal law. Mr. Derek Mizuno noted that since there is some
44 question whether this federal mandate will apply to EGWP and state plans, the Board
45 can approve the M3P, if required by federal law.
46

1 MOTION was made and seconded to have SilverScript administer the Medicare
2 Prescription Payment Plan, if required by law, for the EUTF and HSTA VB self-funded
3 Medicare prescription drug plans administered by SilverScript effective
4 January 1, 2025. (Yu/Ferguson-Miyamoto) The motion passed unanimously.
5 (Employer Trustees-4/Employee-Beneficiary Trustees-5)
6

7 3. EGWP out-of-network benefit

8 Mr. Bowers informed the Board that with the addition of the \$2,000 annual out-of-
9 pocket maximum effective January 1, 2025 to the EGWP, SilverScript is no longer able
10 to administer the current out-of-network non-specialty copayment + coinsurance (20%
11 EUTF and 30% HSTA VB). Over the past 12-months, there were only five members
12 with 13 prescriptions (all for vaccinations) that had such out-of-network claims.
13 Removing the coinsurance would increase plan costs by \$600 while removing the
14 copayment would be cost neutral. EUTF staff recommended removing the copayment.
15

16 MOTION was made and seconded to change the out-of-network non-specialty member
17 cost share to a 20% coinsurance under the EUTF Medicare prescription drug plan and a
18 30% coinsurance under the HSTA VB Medicare prescription drug plan both
19 administered by SilverScript effective January 1, 2025. (Ferguson-Miyamoto/Yu) The
20 motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)
21

22 B. HMSA Specialty Drug Strategy

23 Mr. Roy Goo and Mr. Chris Letoto, HMSA, summarized the HMSA strategy to address the
24 specialty drug trend under the medical plan.
25

26 V. REPORTS

27 A. EUTF Benefits Consultant (Segal)

- 28 1. Compliance News
29 2. Five-Year Rate Projection with Approved 2025 Retiree Prescription Drug Rates
30 Mr. Murphy, Segal Consulting, summarized the Segal updates.
31

32 B. Administrator

- 33 1. Meetings with Legislators and Unions
34 2. Staffing Update
35 3. Training

36 C. EUTF Managers' and Program Specialists' Reports

- 37 1. Member Services Branch (MSB)
38 a. MSB Data
39 b. Outreach & Training
40 c. 2024 Active Employee Open Enrollment
41 Mr. Mizuno summarized active employee plan changes during open enrollment.
42
43 2. Information Systems (IS)
44 a. EUTF New Benefits Administration System (BAS) Project
45 b. Security Assessment
46 c. Enrollment Counts

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board of Trustees Meeting

July 30, 2024 Minutes

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- 1 3. Eligibility and Enrollment Report
- 2 a. Audits Currently in Progress
- 3 b. Point in Time Reconciliation Audits
- 4 c. Recurring Audits
- 5 4. Health and Wellness Report
- 6 a. Worksite Wellness
- 7 b. Preventive Health
- 8 c. Chronic Disease Management
- 9 5. Financial Services Branch (FSB)
- 10 a. FSB Performance Data
- 11 b. Refunds and Medicare Part B Overpayments Status
- 12 c. EUTF Collections
- 13 d. 2024 Financial Audit
- 14 e. Financial Statements as of May 31, 2024

15 D. Carrier Reports

- 16 1. CVS Caremark
- 17 2. SilverScript
- 18 3. Hawaii Dental Service (HDS)
- 19 4. Hawaii Medical Service Association (HMSA)
- 20 5. Humana
- 21 6. Kaiser Health Foundation
- 22 7. Securian
- 23 8. Verdegard Hawaii (formerly known as HMA)
- 24 9. Vision Service Plan (VSP)

25 Trustee Christian Fern voiced concerns that nurses at Kapiolani Medical Center and
26 Queen’s Medical Center are working without contracts and how access to medical care
27 could be compromised if the nurses went on strike. He encouraged HMSA to use their
28 influence to help resolve the situation to ensure EUTF members are not negatively
29 impacted by a strike. Mr. Letoto said HMSA will provide a response.

30
31 Chairperson Yamane extended his appreciation to the carriers for past and upcoming
32 attendance at the State Department of Human Services wellness fairs.

33
34 VI. EXECUTIVE SESSION

35 MOTION was made and seconded to move into Executive Session at 10:13 a.m.
36 (Ferguson-Miyamoto/Yu) The motion passed unanimously. (Employer Trustees-4/Employee-
37 Beneficiary Trustees-5)

38
39 The regular meeting reconvened at 10:20 a.m.

40
41 Chairperson Yamane reported that during Executive Session, the Board reviewed and
42 discussed the June 25, 2024 minutes. Since there were no edits or objections by the Trustees,
43 the minutes stand approved.

44
45 VII. NEXT MEETING

46 Tuesday, August 27, 2024, 9:00 a.m. – Benefits, Investment and Administrative Committee

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board of Trustees Meeting

July 30, 2024 Minutes

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1 Reports

2 Mr. Mizuno informed the Board that there are only three employer trustees able to attend the
3 August 27, 2024 Board Meeting and Trustee Audrey Hidano will only be available until 11:00
4 a.m., so we'll lose quorum at 11:00 a.m. Mr. Mizuno believes that will be enough time for the
5 Board meeting but suggested moving the Board meeting start time to 8:30 a.m. The Board will
6 be polled for a start time of 8:30 a.m. instead.

7

8 VIII. ADJOURNMENT

9 MOTION was made and seconded for the Board to adjourn the meeting at 10:22 a.m.

10 (Ferguson-Miyamoto/Yu) The motion passed unanimously. (Employer Trustees-4/Employee-
11 Beneficiary Trustees-5)

12

13

14

15 Documents Distributed:

- 16 1. Draft Board Minutes of June 25, 2024. (5 pages)
- 17 2. Hawaii EUTF – Ariel BAS Update, prepared by TELUS Health, dated July 30, 2024. (5 pages)
- 18 3. Memorandum to EUTF Benefits Committee from Segal Consulting, regarding Creditable
19 Coverage Assessment for EUTF's Prescription Drug Benefits for the Active Plan Year Ending
20 June 30, 2025, and Retiree Plan Year Ending December 31, 2025, dated June 28, 2024. (3
21 pages)
- 22 4. CVS Caremark, Medicare Prescription Payment Plan (M3P), prepared by CVS Health, dated
23 July 9, 2024, Redacted Version. (7 pages)
- 24 5. EUTF Retirees, 2025 Medicare Retirees-Out of Network Claims Member Cost Share, prepared
25 by SilverScript, dated July 9, 2024, Redacted Version. (6 pages)
- 26 6. Improved Management for Medically Benefitted Drugs, prepared by HMSA, dated July 9, 2024.
27 (6 pages)
- 28 7. Memorandum to BOT from Segal Consulting, regarding Segal Reports – Compliance News,
29 dated July 30, 2024. (8 pages)
- 30 8. Administrator's Monthly Report to the Board for June 15 – July 19, 2024, dated July 19, 2024.
31 (1 page)
- 32 9. Memorandum to BOT from Member Services Branch Manager, regarding June – July 2024
33 Member Services Operations Report, dated July 19, 2024. (9 pages)
- 34 10. Memorandum to BOT from Information Systems Chief, regarding June 2024 – July 2024
35 Information Systems (IS) Operations Report, dated July 19, 2024. (9 pages)
- 36 11. Memorandum to Administrator from Eligibility Specialist regarding June – July 2024 Eligibility
37 and Enrollment Report, dated July 19, 2024. (2 pages)
- 38 12. Memorandum to EUTF BOT from Program Specialist regarding June – July 2024 Health and
39 Wellness Specialist Report, dated July 19, 2024. (7 pages)
- 40 13. Memorandum to BOT from EUTF Financial Management Officer regarding June 2024 –
41 July 2024 Financial Services Branch (FSB) Report, dated July 19, 2024. (15 pages)
- 42 14. CVS Caremark Monthly Carrier Report for June 2024 dated July 1, 2024. (2 pages)
- 43 15. SilverScript Monthly Carrier Report for June 2024 dated July 1, 2024. (3 pages)
- 44 16. HDS Monthly Carrier Report for June 2024 dated July 9, 2024. (2 pages)
- 45 17. HMSA Monthly Carrier Report for June 2024 dated July 9, 2024. (3 pages)
- 46 18. Humana Monthly Carrier Report for June 2024 dated July 8, 2024. (3 pages)

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Board of Trustees Meeting

July 30, 2024 Minutes

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- 1 19. Kaiser Permanente Monthly Carrier Report for June 2024 dated July 9, 2024. (2 pages)
- 2 20. Securian Financial Monthly Carrier Report for June 2024 dated July 10, 2024. (1 page)
- 3 21. Verdegard Hawaii Monthly Carrier Report for June 2024 dated July 8, 2024. (2 pages)
- 4 22. VSP Monthly Carrier Report for June 2024 dated July 10, 2024. (6 pages)

DRAFT



Hawaii EUTF – Ariel BAS Update

September 24, 2024



2024 Sprints

Sprint 1 – Completed 1/25/2024

Sprint 2 – Completed 3/22/2024

Sprint 3 – Completed 7/2/2024

Sprint 4: Core System Upgrade – Completed 8/16/2024

Sprint 5: County of Kauai – Completed 8/16/2024

Sprint 6: Death File Import – Completed 9/6/2024

Sprint 7: Core System Upgrades – In Progress

- Scope: 2024, Releases 1 – 4, Milestone and Expiry Jobs
- Target production date: 10/11/2024

Sprint 8: Retiree OE

- Scope: Retiree OE
- Target production date: 11/18/2024



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. - 10 have been resolved. - 2 report issues are still unresolved and the planned resolution date changed to 12/31/24 due to potential data cleanup.	12/31 4/30/24 6/30/24 12/31/24	Unable to reconcile accounts with over or under balances

Issue Summary

Item	Population Impacted	Cases Resolved	Status	Planned Resolution Date	Impact
Death Imports	4,300	4,300	Completed and put into PROD 9/6/2024. TH and EUTF staff mutually agreed to the slightly later implementation date.	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.
Death Imports: Triggered Event	30/month	All being manually identified	The Death Import job updates were put into PROD on 9/6/24, but the death event that is triggered from this job needs updates for the file and processing to work as expected.	12/31	EUTF staff will manually manipulate DOH file to exclude scenarios that are defective and will process these manually.

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	- Released in PROD 9/6 (to be verified when job is run in October.) - Released in PROD 8/19. Completed	10/31/24	EUTF manually identifying and mailing letter.
Expiry Jobs - Student expiry - Medicare expiry	Student: 40/month Medicare: 30/month	All being manually completed	Automating Expiry Jobs: - Student Expiry – Released in PROD 9/6. 2 scenarios need additional review and updates. - Medicare Expiry – Targeted for Sprint 7.	10/31/24	EUTF manually processing and closing the open life events for students and Medicare



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

**STATE OF HAWAII'
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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BOARD OF TRUSTEES
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ADMINISTRATOR
DEREK M. MIZUNO

ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

September 18, 2024

TO: EUTF Board of Trustees

FROM: Investment Committee

SUBJECT: August 20, 2024 Investment Committee Meeting Report

The Investment Committee met on August 20, 2024 and discussed the following:

1. Quarterly Performance Report – Q2 2024: Meketa Investment Group (Meketa) presented the second-quarter 2024 quarterly performance report. The OPEB Trust finished the quarter at \$7.8 billion, gaining 1.0% and 8.2% for the quarter and 1-year, respectively (net of fees), underperforming the policy benchmark of 1.7% and 9.6%, respectively. Underperformance during both periods was primarily attributed to short-term benchmarking challenges within the Private Equity and Private Credit asset classes. Since inception (June 23, 2011), the portfolio has returned 7.3% (net of fees) versus the policy benchmark return of 7.3%.

The EUTF Trust Fund finished the quarter at \$577.1 million, up 0.6% and 8.6% for the quarter and 1-year, respectively (net of fees). Since inception (October 1, 2013), the portfolio has returned 3.8% (net of fees).

2. Quarterly Private Credit Report and Annual Portfolio Review – Q1 2024: Callan LLC (Callan) presented the first-quarter 2024 performance report and annual asset class review. At the end of the quarter, Private Credit reported a market value of \$576.1 million (7.6% of the OPEB Trust), with a since inception return of 10.1% (net of fees), outperforming the asset class benchmark of 9.6%.
3. Quarterly Private Equity Report – Q1 2024: This report was included for informational purposes and was not discussed at the meeting.
4. Quarterly Private Real Assets Report – Q1 2024: This report was included for informational purposes and was not discussed at the meeting.

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.

5. OPEB Evolving Policy Plan: Meketa presented a memorandum recommending an updated Evolving Policy Plan for the OPEB Trust. The plan consists of five transition stages over a three-year period to ensure a smooth and gradual path towards the new long-term strategic allocation approved at the May 2024 Board meeting. The plan's evolution exhibits a deliberate shift in the risk/return posture from one stage to another, marginally increasing risk while increasing expected returns. While the actual pacing will depend on how fast private market managers call capital, the overall transition is expected to be completed by 1/1/2027.

Recommendation to the Board: Approval of the proposed OPEB Evolving Policy Plan.

6. EUTF Trust Fund Strategic Allocation Study: Meketa presented the 2024 Strategic Allocation Study for the EUTF Trust Fund (Trust Fund). The short-term portion will remain in the existing short-term corporate bond strategy. The study for the long-term portion, for both the retirees and actives portfolios, followed a similar methodology for the OPEB Trust that was done in May 2024. Risk/return assumptions for each asset class were developed and used in a modeling process. The Committee is recommending an asset allocation that maintains the current risk (standard deviation and expected maximum drawdown) while increasing the expected compound return. The recommended asset allocation includes the addition of liquid credit (predominately below investment grade fixed income instruments) and US Treasury Inflation-Protected Securities (US TIPS) in the long-term portion of the Trust Fund to further diversify the program. The Committee also discussed the corresponding evolving policy plan. The Committee will consider adopting a long-term goal at their next meeting.

Recommendation to the Board: Approval of Option B as the new policy portfolio for the long-term component of the EUTF Trust Fund and approval of the Option B evolving policy plan.



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

**STATE OF HAWAII'
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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DONNA A. TONAKI

August 22, 2024

TO: EUTF Board of Trustees
FROM: Administrative Committee
SUBJECT: Administrative Committee Report – August 22, 2024 Meeting

2025 Legislative Proposal

EUTF staff proposed a similar bill during the 2024 legislative session to amend HRS 87A-33(c) to have the 2025 to 2026 change in Medicare Part B premiums change the 2027 base monthly contribution (BMC). Currently, the 2025 to 2026 change in Medicare Part B premiums will change the 2026 BMC. As a result, retirees may not know the employers' contribution when make changes to their plans during open enrollment (OE) since retiree OE is held the last two weeks of October and the upcoming year's Medicare Part B premiums are available mid-October to early November.

For the stub BMC year (2026), EUTF staff propose use of a 10-year annualized increase in Medicare Part B premiums (5.2% through 2024).

Recommendation: Approve a 2025 legislative proposal to amend HRS 87A-33(c) to have the base monthly contribution determined by the change in Medicare Part B premiums from the previous year and to use the 10-year annualized increase in Medicare Part B premiums to determine the 2026 base monthly contribution.

Biennium Budget Request – July 1, 2025 – June 30, 2027

EUTF staff presented two requests to increase our base budget in the proposed biennium budget for the period July 1, 2025 to June 30, 2027 as follows:

1. Addition of funds to establish one permanent investment officer position in the amount of \$143,719 for fiscal year 2026 (with a 6-month delay in hire) and \$287,438 for fiscal year 2027. EUTF requested this same addition to the fiscal year July 1, 2024 to June 30, 2025 budget but it was not approved.
2. Increase in fringe benefits in the amount of \$674,106 due to the change in the approved composite fringe benefits rate from 52.61% to 64.25%.

Recommendation: Approve the EUTF staff proposed EUTF budget for fiscal years 2026 and 2027

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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

August 19, 2024

TO: EUTF Board of Trustees

FROM: Benefits Committee

SUBJECT: August 19, 2024 Benefits Committee Meeting

The Benefits Committee discussed the following items at their August 19, 2024 meeting

Kaiser Permanente Senior Advantage Plan Change

Kaiser Permanente (Kaiser) informed the Committee that the Inflation Reduction Act requires reduction of the calendar year maximum out-of-pocket for the EUTF and HSTA VB Kaiser Permanente Senior Advantage medical and prescription drug plans from \$8,000 to \$2,000 per person effective January 1, 2025 for Medicare Part D prescription drugs. In the past, the Benefits Committee would recommend Board approval for plan design changes to comply with federal and state laws. However, the Benefits Committee decided that such changes as determined by the carriers, the consultants and the deputy attorney general just require notice to the Committee and Board and do not require formal approval.

Kaiser Permanente Disease Management/Integrated Health Management (DM/IHM) Improvement Plan

Kaiser reported on their progress and strategies to address improvement areas related to diabetes and hypertension control, obesity prevalence, primary care physician linking and advanced care planning completion.

HMSA DM/IHM Improvement Plan

HMSA reported on their progress and strategies to address improvement areas related to preventive care visits, advance care directives, reducing diabetes and obesity, cancer screenings and hypertension control. HMSA also presented progress related to its Model of Care programs, Complex Case Management and Conditions Care Program.

HMSA Disease Management Programs

AccordantCare Rare Program

CVS, HMSA's subcontractor, reported results of the second year for the actives (from January 1, 2022) and first seven months for the retirees (from January 1, 2024) of the AccordantCare Rare program that provides support for members with 19 rare conditions noting the following:

- EUTF engagement rate of 19% is comparable to HMSA's aggregate engagement rate.
- Return on investment of 1.6:1 for CY2023

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HMSA reported that they recently terminated the AccordantCare Rare program for their book of business. The program was showing cost savings but HMSA decided that their contract credits from CVS would be better spent on other programs that are not applicable to EUTF. In its evaluation, HMSA also determined that the AccordantCare Rare program provided cost savings for EUTF.

Virta Digital Diabetes Program

HMSA reported early results of the Virta diabetes management program that became available in January 2024 for all EUTF HMSA members. Early results through July 31, 2024 are positive – 72% toward target enrollment goal, reductions in A1c and weight, and high engagement rates for those enrolled at least three months. HMSA will continue to monitor the program and report annually to the Benefits Committee.

Segal Clinical Program Analysis

Segal presented their analysis of medical and prescription drug cost drivers and programs. In general, the EUTF plans have similar programs related to mainland counterparts. Segal and EUTF staff will continue to work with the carriers on the use of wellness credits and with HMSA and CVS on weight management programs.

HMSA Payment Transformation Update

HMSA provided an update on payment transformation focusing on the following:

1. Background and upcoming changes
2. Cost and utilization
3. Quality of care
4. Member access and satisfaction
5. Provider satisfaction

HMSA e-Consult Program

HMSA reported on an e-consult program for cardiology with Queen's Medical Center in which primary care physicians would consult with cardiologists via "a HIPAA compliant platform that allows two-way communication." The program realized numerous benefits such as quicker response times from specialists, lower costs to the plan and patients, less in office visits for patients and better educated primary care physicians. Due to the success of the program, the program is being expanded to allergy/immunology, rheumatology, endocrinology, neurology and pediatric oncology.




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Memorandum

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

From: Stephen Murphy 

Date: September 24, 2024

Re: Updated 2025 Retiree Prescription Drug Rates

Segal updated the projected Retiree rates for the self-insured prescription drug benefit effective January 1, 2025, through December 31, 2025. These projections include amended financial impacts due to changes in Medicare Part D Direct Subsidy and the inclusion of the Medicare Prescription Payment Plan impact as a result of the Inflation Reduction Act, as provided by SilverScript.

Based on the amended financial impacts, the updated 2025 Medicare premium rates are significantly lower compared to the 2024 rates, primarily due to the Direct Subsidy. The decreases to tiered rates are noted below:

- EUTF: -20.8%
- HSTA VB: -17.3%

The updated 2025 Non-Medicare rates are also down slightly compared to the initial rates due to the impact of Medicare split contracts.

Compared to the initial 2025 rates, the updated rates lower the projected Medicare member cost by \$48 per member per month (PMPM), which is approximately \$0.2 million for Non-Medicare Retirees and \$26.5 million for Medicare Retirees in aggregate premiums based on April 2024 enrollment due to the impact of Medicare split contracts.

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 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 (Initial)	2025 (Amended)
Non-Medicare Retirees				
EUTF	4.2%	7.3%	3.5%	2.7%
HSTA VB	5.7%	6.7%	3.7%	3.0%
Medicare Retirees				
EUTF	5.6%	0.2%	-1.2%	-20.8%
HSTA VB	17.7%	-0.6%	-1.6%	-17.3%

We look forward to reviewing this memorandum with you.

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Attachment (5912429)

**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 *			
		Initial **	Updated		
Non-Medicare Retirees					
<u>EUTF</u>					
Single	\$ 244.24	\$ 252.70	\$ 250.78	\$ 6.54	2.7%
Two-party	475.68	492.18	488.44	12.76	2.7%
Family	705.26	729.72	724.18	18.92	2.7%
<u>HSTA VB</u>					
Single	\$ 261.78	\$ 271.44	\$ 269.52	\$ 7.74	3.0%
Two-party	509.88	528.68	524.94	15.06	3.0%
Family	755.98	783.84	778.30	22.32	3.0%
Medicare Retirees					
<u>EUTF</u>					
Single	\$ 235.34	\$ 232.44	\$ 186.46	\$ (48.88)	-20.8%
Two-party	458.24	452.62	363.08	(95.16)	-20.8%
Family	679.44	671.08	538.32	(141.12)	-20.8%
<u>HSTA VB</u>					
Single	\$ 303.92	\$ 298.94	\$ 251.38	\$ (52.54)	-17.3%
Two-party	591.80	582.10	489.50	(102.30)	-17.3%
Family	877.46	863.06	725.76	(151.70)	-17.3%

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

** Initial rates presented and approved by the Board at the June 25, 2024, Board meeting.

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 period increases.

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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	\$ 180.23		\$ 246.78
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.	\$ 434.55		\$ 466.69

Updated from initial projection presented at June 25, 2024, Board meeting.

* 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***	1.300	1.285
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.)	\$ (222.59)	\$ (235.90)
20. Admin Fees (Based on \$2.00 PEPM for PBM and \$6.00 PMPM for EGWP)	\$ 8.64	\$ 8.83
21. Medicare Prescription Payment Plan (M3P)***	\$ 2.00	\$ 2.00
22. Total Projected Cost PMPM - Medicare	\$ 180.23	\$ 246.78
Adjustment for Medicare Split Contracts		
23. Total Projected Cost PMPM - Non-Medicare	\$ 235.16	\$ 250.68
24. Total Members - Medicare Retirees and their Medicare dependents	94%	97%
25. Total Members - Non-Medicare dependents of Medicare Retirees	6%	3%
26. Average Medicare retiree family size	1.39	1.46
Total Medicare Retiree Costs PEPM (22. x 24. + 23. x 25.) x 26.	\$ 254.23	\$ 359.44

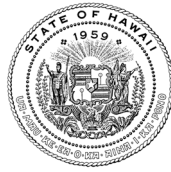
Updated from initial projection presented at June 25, 2024 Board, meeting.

* 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).

*** The updated pharmacy cost projections take into account program changes required under the Inflation Reduction Act (i.e., Medicare Part D Direct Subsidy, Medicare Prescription Payment Plan), based on direction provided by CMS to SilverScript.



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September 13, 2024

TO: EUTF Board of Trustees
THROUGH: Derek Mizuno, Administrator
FROM: Katie Matsushima, Eligibility Specialist
SUBJECT: Proposed EUTF Administrative Rule Changes

Background

At the June 25, 2024 Board meeting, the Board approved EUTF Administrative Rule changes (see summary attached). On June 25, 2024, EUTF staff sent the Rule changes (redlined version with comments) to the employers and unions for consultation with a due date for comments of August 8, 2024.

Employer and Union Responses

One response was received from the Hawaii Government Employees Association (HGEA) regarding Rule 5.03(c)(4), requesting clarification for the change in practice. EUTF responded and HGEA had no further questions/comments. The Hawaii Fire Fighters Association, Office of the Governor, City and County of Honolulu Department of Human Resources, Department of Human Resources Development, Judiciary Human Resources, and the University of Hawaii Office of Human Resources replied with no comments.

Recommendation

EUTF staff recommends no changes to the Rule changes that were previously approved by the Board on June 25, 2024 and sent to employers and unions. The EUTF will submit the Rule changes to the Governor's Office for approval.

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Summary of Proposed Administrative Rules Changes:

Change in Practice

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

No Change in Practice

- 1. 1.02 Definitions Child** – Rule amended to clarify that children under guardianship are included under the definition of ‘Child.’ Amended to distinguish between foster children and children under legal guardianship.
- 2. 1.11 Controlling Law** – Amended to include that the Board shall be afforded deference with respect to the interpretation of Chapter 87A and the EUTF’s Administrative Rules. Amended to support Hawaii Case Law that acknowledges an agency should be given deference in the interpretation of its governing statute.
- 3. 4.01(a) Application for Enrollment
4.06 Notification of Changes in Personal Information
5.02(e)(1) Changes in Enrollment; Effective Dates of Coverage; Changes Between Plans**
Amended to incorporate Benefit Administration System functionality.
- 4. 5.03(c)(1) Mandatory Enrollment in Medicare Part B and Medicare Part D for Retired Employees and Cancellation Due to Failure to Enroll** – Updated to reflect the EUTF’s standard practice of the type of required documentation needed to process Medicare Part B reimbursements.



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August 5, 2024

Mr. Derek M. Mizuno, Administrator
State of Hawaii
Hawaii Employer-Union Health Benefits Trust Fund
201 Merchant Street, Suite 1700
Honolulu, Hawaii 96813

Dear Mr. Mizuno:

Subject: Consultation – Proposed Administrative Rule Changes

We received your letter dated June 25, 2024 regarding the above-mentioned subject matter and have the following questions/comments:

5.03 Mandatory Enrollment in Medicare part B and Medicare Part D for Retired Employees and Cancellation Due to Failure to Enroll, (c) (4), last sentence – please clarify the rationale for the change in practice.

Thank you for the opportunity to provide input on this matter, we look forward to your written response. You may contact me at (808) 543-0078 or via email: jkuwabara@hgea.org if there are any questions.

Sincerely,

Joy Kuwabara
Field Services Consultant



JOSH GREEN, M.D.
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DONNA A. TONAKI

August 6, 2024

SENT VIA EMAIL AT JKUWABARA@HGEA.ORG

No Hard Copy to Follow

Ms. Joy Kuwabara, Field Services Consultant
Hawaii Government Employees Association
888 Mililani St., Suite 401
Honolulu, HI 96813-2991

Dear Ms. Kuwabara:

Thank you for your comments regarding the EUTF proposed Administrative Rules changes.

In regard to proposed Administrative Rule 5.03(c)(4), Medicare Part B premium reimbursements begin the month that the retiree and/or spouse provide evidence of Medicare Part B (copy of their Medicare Part B card), documentation of the amount of their Medicare Part B premium (letter from Social Security or invoice from CMS) and an EUTF Direct Deposit Authorization Form. In 2017, there were many social security recipients whose COLA were less than the increase in the standard Medicare Part B premium. A federal "hold harmless" law whereby the net social security benefit (after the deduction for Medicare Part B premiums) could not go down from year to year, resulted in these retirees having lower Medicare Part B premiums (average of \$109/month) than the standard \$134/month in 2017. EUTF required all retirees to submit documentation of their Medicare Part B premium amount. Prior to 2017, EUTF would move all retirees to the new standard Medicare Part B premium amount. Over the past seven years, we submitted postcards to all retirees receiving less than the standard (twice) and publish reminder notices in the Holomua to submit evidence if they are being reimbursed less than the actual Part B premium.

We have been encountering estates (e.g., families of deceased retirees) requesting reimbursement for the difference between what EUTF reimbursed (e.g., the \$109) versus the amount the retiree actually paid for Medicare Part B premiums (e.g., the standard) sometimes back to 2017. EUTF believes that Medicare Part B premium reimbursements were intended to make the retiree and spouses whole. The intent of the new provision is to limit Medicare Part B premium reimbursements to the retiree and surviving spouse.

If you have any further questions or concerns, please contact Katie Matsushima at (808)586-7390 Ext 62141 or email to katie.matsushima@hawaii.gov.

Sincerely,

Derek M. Mizuno
Administrator

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.



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Telephone: 808.543.0000

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August 13, 2024

Mr. Derek M. Mizuno, Administrator
State of Hawaii
Hawaii Employer-Union Health Benefits Trust Fund
201 Merchant Street, Suite 1700
Honolulu, Hawaii 96813

Dear Mr. Mizuno:

Subject: Consultation – Proposed Administrative Rule Changes

We received your response letter dated August 6, 2024. Thank you for the explanation. We do not have further questions/comments.

Thank you for the opportunity to engage on this matter. You may contact me at (808) 543-0078 or via email: jkuwabara@hgea.org if there are any questions.

Sincerely,

Joy Kuwabara
Field Services Consultant



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

July 30, 2024

TO: EUTF Board of Trustees

FROM: EUTF Permitted Interaction Group

SUBJECT: Permitted Interaction Group Recommendations

Background

At the November 21 and December 19, 2023 EUTF Board meetings, the Board established a permitted interaction group (PIG) with the following responsibilities and members:

1. A comprehensive review and comparison of Hawaii's public employees and retirees share of health contributions to the West Coast and the US continental states;
2. An analysis of the differences in the HMO and PPO plans;
3. An analysis of the reasons why Hawaii is lagging behind in employer contributions compared to other counterparts;
4. A review of the current process for determining employer health contributions;
5. Analysis of ways to use EUTF unrestricted, unreserved net assets, and
6. Recommendations on possible solutions and outcomes to address these issues

- A. Trustee Christian Fern
- B. Trustee Wesley Machida
- C. Trustee Sabrina Nasir
- D. Trustee Osa Tui
- E. Trustee Ryan Yamane
- F. Trustee Robert Yu
- G. Mr. Ryker Wada, former Director State Department of Human Resources Development
- H. Mr. Ron Shiigi, DAGS internal audit
- I. Randy Perreira, HGEA Executive Director
- J. Bobby Lee, HFFA President

The PIG was supported by EUTF staff, the deputy attorney general, GRS and Segal.

The PIG met on January 8, February 13, May 28 and July 30, 2024.

Findings

The PIG identified the following key issues:

1. State employees contribute more to their medical and prescription drug benefits than the market average of 14 other states primarily in the West – 29% vs. 11% for singles – based on a weighted average of the plans selected by the employees. This difference is reduced when comparing the

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.

- prevalent plans (i.e., HMSA 75/25 PPO and Kaiser Standard) and adjusting for actuarial values – State 10% vs. 7% for market average of CA, CO, NV, OR and WA for singles.
2. State employee retiree benefits lag the market average of the same 14 other states – 10.6% vs. 14.4% – primarily due to lower normal costs for defined benefit pension and retiree health and a lower employer contribution for defined contribution pension benefits.
 3. An estimate of the State’s percentage of employee benefits to total payroll for general employees was higher (43.7%) than the mean and median from a 2021 Hawaii Employer’s Council (HEC) survey (36% and 38%) of private employers in the State. This is possibly due to the vacation, sick leave, holiday benefits and lower pay for State employees and the Hawaii Prepaid Health Care Act.
 4. Approximately two-thirds of the employers in the HEC survey cover 100% of employee (self) medical and prescription drug, respectively, premiums. Less than half of the employers (43%) cover 50% or more of the dependent medical premiums.
 5. 60% and 46% of employers in the HEC survey cover 100% of employee dental and vision premiums, respectively.
 6. State residents have significantly less disposable income (\$5,929) than the other 49 states’ average (\$18,108) based on Forbes Advisor, May 1, 2024.
 7. The State’s future contributions and unfunded liabilities related to OPEB and pension as percentage of state revenues significantly outpace other states. The EUTF’s actuary, GRS, noted that, “the EUTF program for future hires has already been lowered significantly compared to current members eligible to retire. And the current large contributions towards paying the UAAL make the EUTF program feel more expensive to the employers than it really is.”
 8. GRS also noted that, “the corridor funding process is very good and the employers will begin to experience relief as the dollar amounts only grow 1% per year, while their payroll, budget, etc will likely grow by more than that.”
 9. Recently passed HB2404 at the 2024 State Legislature will significantly reduce future revenue for the State.

Overall, health benefits for active employees and retiree benefits of State employees lag those of state employees in the western region of the United States. Additionally, health benefits for State self only plans lag those of other Hawaii employees likely due to the Hawaii Prepaid Health Care Act. Lastly, the State does not have significant financial resources to improve these benefits in the future.

While the State’s position is not ideal, the State and EUTF have a number of strengths and opportunities:

- A. The large enrollment of EUTF members with our carriers provides an opportunity to influence the addition and development of programs to improve the health of our members.
- B. EUTF plans in general have rich benefits that could be modified to encourage behaviors that reduce cost while maintaining member health.
- C. Significant current resources in the OPEB Trust (\$7.8 billion as of May 31, 2024) and unrestricted, unreserved net assets (\$75 million actives and \$323 million retirees as of May 31, 2024).

Considerations

OPEB Trust Fund

1. Continue to add investment professionals to ensure that investment returns meet long-term objectives and exceed public plan medians within prudent levels of risk. This will be included in the 2025-2029 strategic plan proposal.
2. Asset allocation private market targets are met in a timely manner within prudent levels of risk to remove constraints on asset allocations due to inability to reach targeted levels. This will be included in the 2025-2029 strategic plan proposal.

EUTF Trust Fund

1. Extend the waiver of the addition of EUTF administrative fees to health premiums to pay for operations from December 31, 2028 retirees and June 30, 2029 actives to December 31, 2033 retirees (\$30 million) and June 30, 2034 actives (\$45 million).
2. Possibly use a portion of the retiree unrestricted, unreserved net assets to reduce the HMSA/CVS-SSI premiums. For example, reducing the HMSA/CVS-SSI retiree premiums by 5% would require use of reserves of approximately \$20 million per year.

Medical, Prescription Drug and Dental Benefits

1. HMSA Medical Plan
 - Virtual Diabetes Prevention Program (DPP). HMSA has been asked to consider adding a virtual DPP.
 - Virta Digital Diabetes Management Program. Started January 1, 2024. As of May 21, 2024, 125 members enrolled with 48 members enrolled for at least 90 days, with early positive results. HMSA will provide an update at the August 19, 2024 Benefits Committee meeting.
 - Weight management program. The EUTF HMSA plans do not provide coverage for weight management programs. HMSA is considering coverage of a weight management program which would be an option for members with or without diabetes.
 - Cardiac rehabilitation. The HMSA plans currently provide coverage of the Ornish program, an intensive cardiac rehabilitation program, and will be proposing coverage of a more traditional cardiac rehabilitation program at the November 25, 2024 Benefits Committee meeting.
2. CVS Prescription Drug Plan
 - Antidiabetic GLP-1s. EUTF has already adopted utilization management to require users of GLP-1s (e.g., Ozempic and Mounjaro) to either be diagnosed with diabetes or have filled a prescription for another diabetic medication (other than another GLP-1) or supplies within the last 24-months. EUTF staff and Segal will work with CVS to identify/create other utilization management programs that could help address the GLP-1 spend.
 - Weight loss drugs. The CVS prescription drug plans cover weight loss medication (e.g., Wegovy and Zepbound) if the member is obese or overweight with chronic conditions and has participated in a weight management program. Segal will evaluate if there are other ways to reduce the weight loss drug spend (e.g. increasing copays for GLP-1s). CVS confirmed that the Wegovy/Zepbound PA criteria ensure that diabetics needing weight loss are directed to Ozempic or Mounjaro, since they are less expensive than Wegovy or Zepbound, respectively. Segal also asked CVS to provide more information on their weight loss management program as well, for the August 19, 2024 Benefits Committee meeting.

- Change from the current open formulary (i.e., FDA approved drugs, in general, are covered unless excluded by the EUTF Board or utilization management program adopted by the Board) to a more restrictive formulary. Most recently at the April 9, 2024 Benefits Committee meeting, the Committee expressed interest in adding utilization management on 10 drug classes (including diabetic agents) that would reduce annual costs by \$7.5 million (4.2%) actives and \$2.9 million (4.7%) non-Medicare retirees. Another option could be moving to a different exclusionary formulary. A more detailed presentation will be made by CVS and Segal at the October 15, 2024 Benefits Committee meeting.
 - Add the Hyperinflation Management program. Most recently at the April 9, 2024 Benefits Committee meeting, the Committee expressed interest in this program that will exclude drugs from coverage based on pricing, prescription volume, member impact, clinical applicability, and whether there is an alternative clinically effective and lower cost drug to reduce costs by \$210,000 (0.16%) actives and \$128,000 (0.27%) non-Medicare retirees. A more detailed presentation will be made by CVS and Segal at the October 15, 2024 Benefits Committee meeting.
 - PrudentRx. CVS has a program to maximize the benefit of manufacturer coupons on specialty drugs. In the past, EUTF was not able to implement this program because CVS required an exclusive specialty pharmacy network which is prohibited by Hawaii law. More recently CVS relaxed this requirement and EUTF staff and Segal put the project on hold until completion of the medical/prescription benefit manager RFP which was completed earlier this year. EUTF staff and Segal will work with CVS on creating a custom specialty pharmacy network and possible implementation for the EUTF active employees.
 - Non-specialty copayments. Effective July 1, 2016, non-specialty 30-day supply copayments were changed from \$5 generic/\$15 preferred/\$30 non-preferred to \$5 generic-no change/\$25 preferred/\$50 non-preferred. HMSA prevalent plan copayments are \$7 generic/\$30 preferred/\$75 non-preferred. Segal will evaluate the copay structure as part of its active annual report which will be presented at the November 25, 2024 Benefits Committee meeting.
 - Annual maximum out-of-pocket (MOOP). The CVS prescription drug plan bundled with HMSA 75/25 PPO has a lower MOOP (\$3,150 per person/\$6,300 per family) than the other CVS prescription drug plans bundled with the EUTF HMSA plans (\$4,350 per person/\$8,700 per family) which is inconsistent with the lower premium for the HMSA 75/25 PPO bundled CVS prescription drug plan. Will propose increasing or aligning the 75/25 MOOP with the other EUTF active drug plans at the October 15, 2024 Benefits Committee meeting.
3. HDS Dental Plans
- The EUTF and HSTA VB dental plans cover amalgam (silver) fillings (cost \$62) on back teeth at 80% subject to a \$50 deductible (retiree coverage 80% with deductible will be effective January 1, 2025, current coverage is at 60% with no deductible). Composite (white) fillings (\$100) are not covered but the plans will pay based on the amalgam benefit. The change would be to cover composite fillings on back teeth. Currently, the providers can determine the charge and the member is responsible for the difference between the composite and amalgam cost, less the amalgam benefit (approximately \$50). EUTF staff, Segal and HDS plan to propose this for a July 1, 2026 active and January 1, 2027 retiree effective date.

Retiree Benefits

1. HMSA Medicare medical plan. This plan is a 90/10 plan that supplements Medicare. The plan was originally structured, in general, in a way that results in a 100% plan through coordination with Medicare. For example, Medicare pays \$80 (80%) of a \$100 eligible physician charge. The remaining \$20 is billed to HMSA and the plan pays the entire \$20 since it is less than what it would have normally paid \$90 or 90%. A legislative bill could be proposed that would limit the employer’s contribution for new hires to 90/10 plans. EUTF’s actuaries estimated a few years ago that this change would reduce the State’s annual required contributions by \$1.1 billion over the first 30-years after adoption.
2. Retiree tiers. The employer retiree contribution tiers could be changed for new hires as follows:

Years of Service	Current Contribution %age of BMC	Future New Hires Contribution %age of BMC
10-15	50%	25%
15-20	75	50
20-25	75	75
25 and over	100	100

GRS has not been asked for an estimate of the impact on future annual required contributions. However, GRS noted that, “the benefit changes proposed are reasonable and would decrease costs over the long term, if that is the goal.”

Active Employee Benefits

1. Although employers contribute the same percentage to single, two-party and family plans, the employer dollar contribution is more for two-party and family plans. Whereas, private employers in Hawaii generally contribute a higher percentage to self plans than two-party and family. Employer contribution percentages can be adjusted to increase the percentage for self plans while decreasing the percentage for two-party and family plans to remain cost neutral for employers.
2. Review the chiropractic benefit.

Overall Benefits Provided to Active Employees

1. Recommend that the employers conduct a comprehensive review of the overall benefit package provided to current employees including salaries, retirement benefits, vacation health benefits, etc. since the EUTF benefits are part of the larger compensation issue.

Recommendation to the Board

1. EUTF staff, Segal and carriers to continue to investigate the health benefit changes noted above and present to the Benefits Committee as planned.
2. Board to discuss other items noted for future presentation to the Board Committees.
3. Submit a letter from the Chair to the Governor, Lt. Governor, Mayors, Senate President and Speaker of the House with recommendations for consideration including a comprehensive review of the overall package provided to current employees.



MEMORANDUM

To: Board of Trustees of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

From: Dr. Mark M. Mugiishi, HMSA President and Chief Executive Officer

Date: Sept. 19, 2024

Re: EUTF request to HMSA re: Kapiolani Medical Center for Women & Children

Thank you for your request for more information, which allows HMSA to clarify and explain its position regarding the ongoing contract dispute between Kapiolani Medical Center for Women & Children and the Hawaii Nurses' Association.

We understand the seriousness of this issue and hear your concerns.

Per your request, attached is a file of the data that the EUTF requested from HMSA.

As you can see, the data highlights that:

- 21% of the EUTF's costs are going to Hawaii Pacific Health and 36% of those costs are going to Kapiolani Medical Center or Wilcox.
- 25% of EUTF's inpatient admissions are going to HPH and 38% of those admissions are going to Kapiolani or Wilcox.
- In the three-year period from 2021 to 2023, HPH doctors and facilities took care of EUTF beneficiaries an average of 750,000 times per year.

HMSA's priority is that our members have access to the care they need and deserve, and based on those numbers it should be clear that EUTF's proposal to "carve out" Kapiolani from our network would significantly and negatively impact its membership. In addition to those access concerns, the non-participating provider may require the member to file the claim for reimbursement and pay the provider directly for the entire cost of the claim. The provider also has the right to balance bill the member, which is not covered by a member's out-of-pocket maximum.

As an additional point of clarification, HMSA's overall contract is with HPH, which includes Kapiolani. As such, there is no mechanism to carve out Kapiolani under our existing contract.

HPH/Kapiolani provide the network adequacy that EUTF members require, offering many critical services not available anywhere else in the state, such as pediatric intensive care, NICU, high acuity high risk maternal care, specialized and tertiary women's and children's services, and care on Kauai. To require any member to choose between not receiving these services or paying out of pocket is against our responsibility to the members and the EUTF. As an example, it is HMSA's responsibility to protect an EUTF member who has a premature baby, so they do not have to



choose between the safe delivery of their child or the financial hardship of paying an exorbitant out-of-pocket balanced billed fee to a non-participating provider.

There are also other reasons that make an HPH/Kapiolani non-par event for EUTF members implausible. These reasons include network adequacy, timely access/capacity to services, IT systems and claims configuration, provider and member contract obligations, and legal and compliance implications.

As president and CEO of HMSA, a local company that's been around for more than 86 years, and as someone born and raised here in Hawaii, I care deeply for our union workers, the EUTF members, and all the people of Hawaii. In my role, I have a responsibility to maintain a position that ensures access to care, when and where it's needed.

At HMSA, we care very much about our local nurses and our community, and we are closely monitoring the situation to make sure there's no disruption to patient care.

Mahalo for your time and the opportunity to explain HMSA's position and responsibility for the EUTF members and the community at large.

###

EUTF's HMO Plan Offering

September 2024

Presenters:

Chris Letoto, Sr. Manager, EUTF & Unions

Dale Goya, VP Account Management & Sales

Mark Nishimura, AVP Actuarial and Underwriting

Garret Sugai, VP Program Office & Strategy Execution



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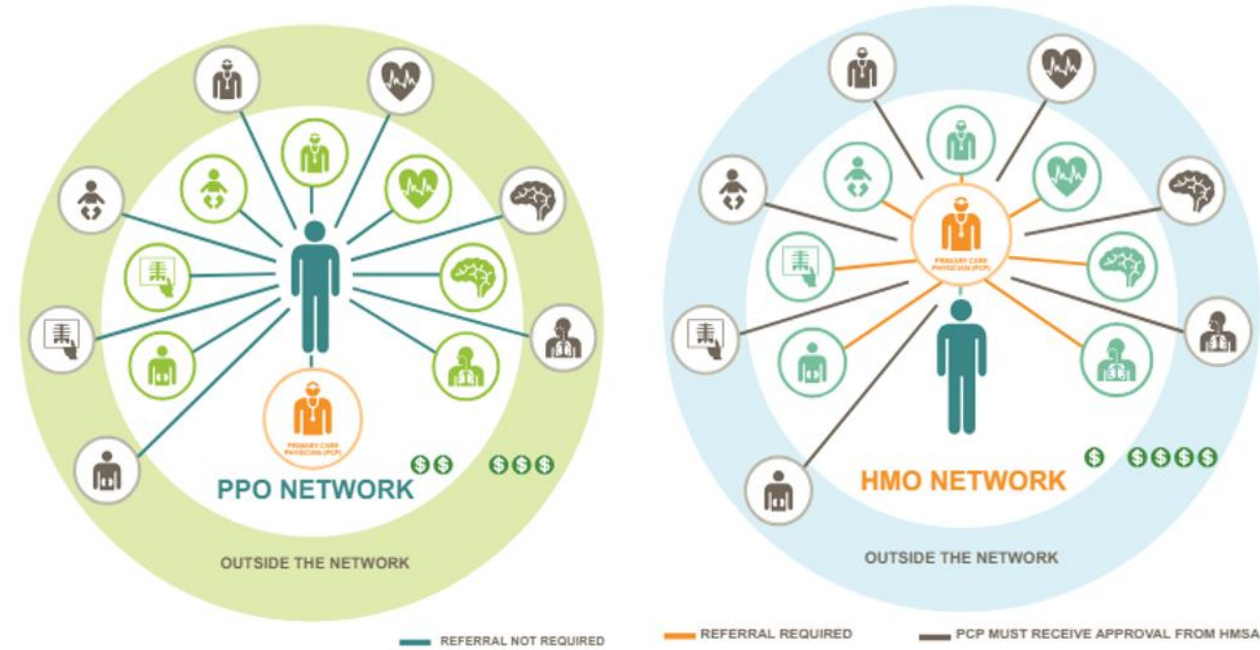
Content

1. HMSA's Corporate HMO Plan
2. EUTF's HMO Plan
3. Considerations for the Future
4. Appendix

HMSA's Corporate HMO Plan

HMSA's PPO vs. HMO Plan Functions

Attribute	PPO	HMO
Primary care physician (PCP) required	X	✓
Referral required	X	✓
Out-of-network coverage	✓	Limited
Value proposition	<ul style="list-style-type: none"> Flexibility and free choice of physicians Industry-leading access to contracted mainland and out of country physicians at a lower cost Comprehensive Hawaii network of top hospitals and doctors Coverage for out-of-network services 	<ul style="list-style-type: none"> Coordinated care through health center with access to a robust panel of HMSA providers Predictable costs and flat copays Rich benefits for many services Benefits focused on prevention



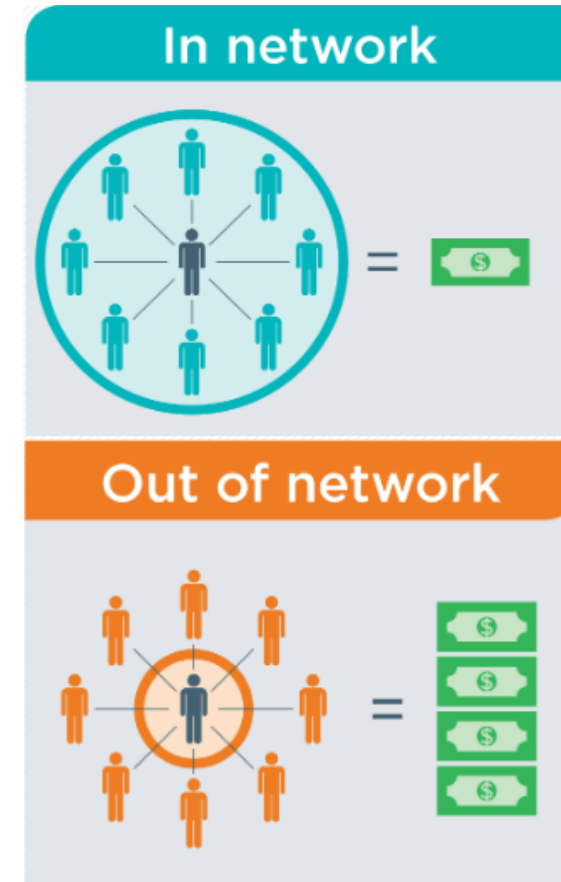
Key Takeaways:

HMSA's HMO Current State

- HMSA HMO member chooses from one of HMSA's contracted Health Centers
- Member must also designate a PCP to be attributed to

Scenario	Typical HMO	HMSA HMO
Member needs to see a specialist*	<ul style="list-style-type: none"> • Member must see their PCP and obtain a referral 	<ul style="list-style-type: none"> • Member must see their PCP and obtain a referral
Member wishes to obtain treatment from a provider outside of their network*	<ul style="list-style-type: none"> • Services outside of the network can only be obtained if no provider within the network is professionally trained to treat or provide health care services • Services are subject to review and must be approved prior to being rendered, otherwise services risk denial 	<ul style="list-style-type: none"> • If member has a preferred HMSA-contracted specialist outside of their HMO Health Center, a PCP referral is required • With the PCP referral, member can see the designated specialist and receive benefits at the in-network level
Member sees a provider without a referral from their PCP*	<ul style="list-style-type: none"> • Services are denied as member liability 	<ul style="list-style-type: none"> • Services are denied as member liability

*We need to improve our processes to optimize validation and monitoring of referrals.



Key Takeaways:

HMO vs. PPO Total Commercial Membership

██████████ HMSA's commercial members are in an HMO plan



Includes Fed, excludes MA & QI

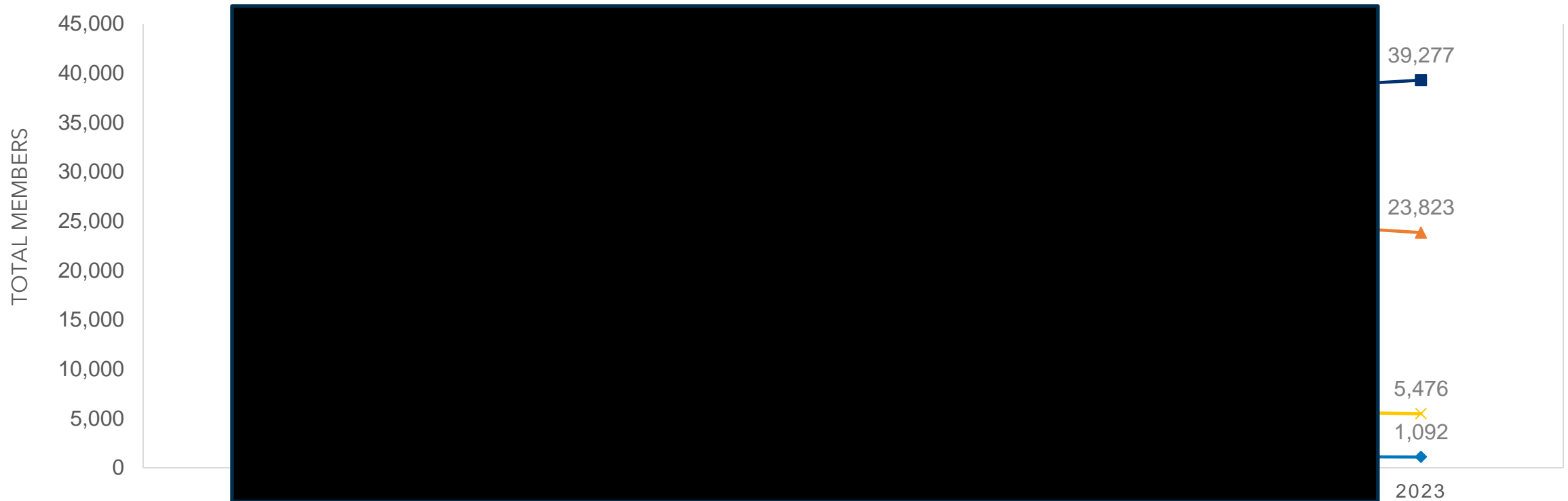


EUTF's HMO Plan

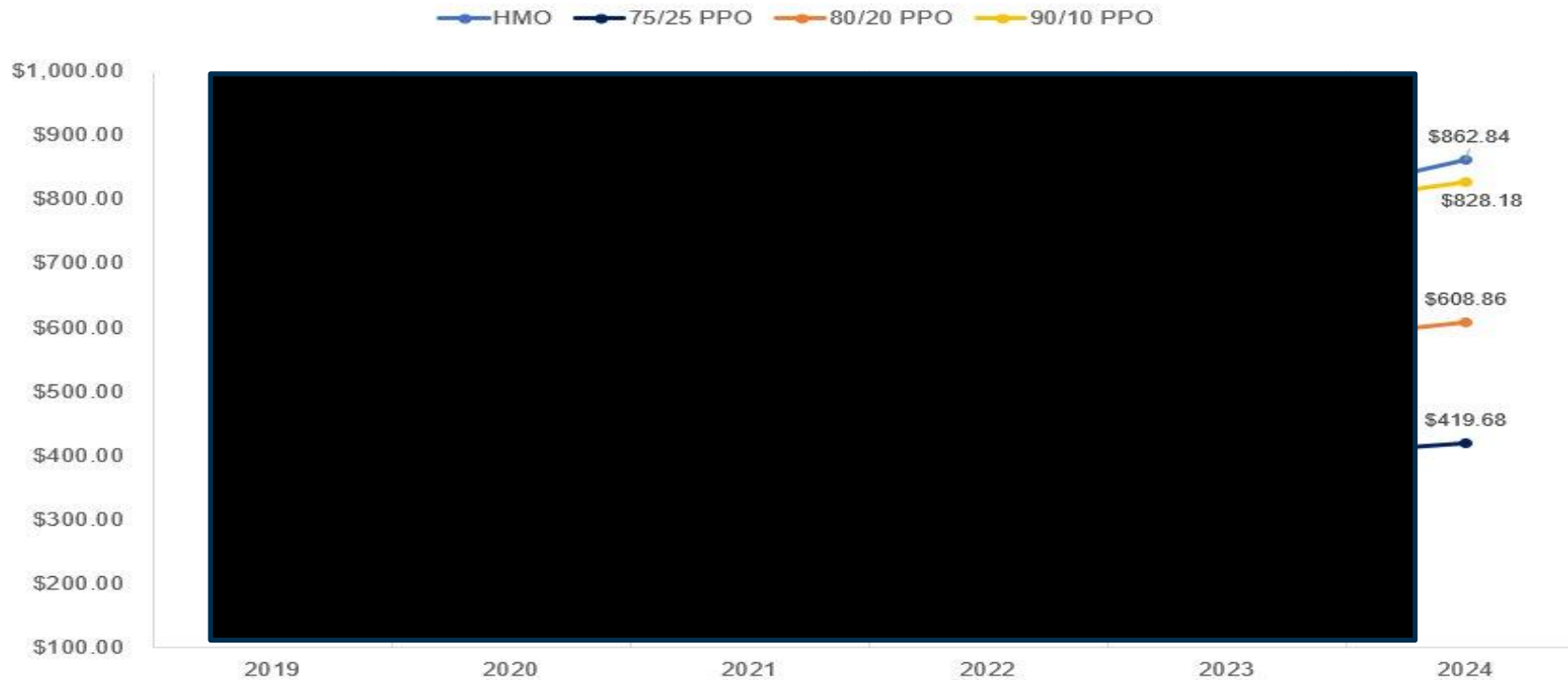
EUTF Active Membership by Plan Type

YOY July Enrollment Trends

◆ HMO ■ 75/25 PPO ▲ 80/20 PPO ✕ 90/10 PPO

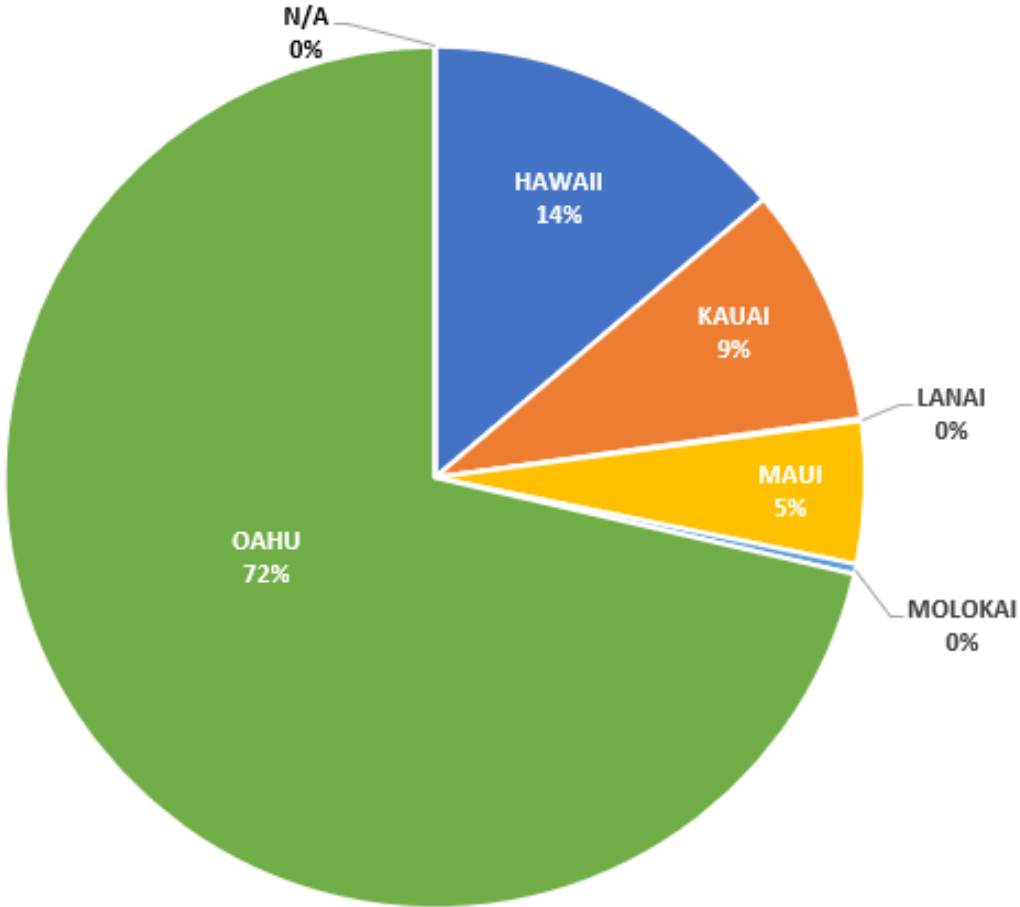


2024 EUTF Rate Position



EUTF HMO Membership by Island

Island	EUTF HMO	% EUTF HMO Population
Hawaii	148	13.83%
Kauai	96	8.97%
Lanai	1	0.09%
Maui	57	5.33%
Molokai	4	0.37%
Oahu	764	71.4%
N/A	0	0%
TOTAL	1,070	



Considerations for the Future

Appendix



JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

September 24, 2024

TO: Board of Trustees

THROUGH: Derek Mizuno, Administrator

FROM: Lara Nitta, Program Specialist

SUBJECT: HMSA HMO Options

We have asked HMSA and Segal to provide an analysis of the HMSA HMO plan due to the following concerns, most of which will likely remain despite any plan design changes made:

- Low enrollment. See Enrollment table.
- High premium. See Maximum Out-of-Pocket table.
- The HMO network discount to premiums is underperforming expectations due to a variety of factors, including “HMSA’s HMO referral process system [which] currently lacks the necessary checks and balances to validate and monitor authorized referrals within and outside the member’s designated Health Center,” as Segal previously noted.¹
- It is uncommon to have an HMO plan with a 100% inpatient benefit.

Plan design options include the following (ordered based on Segal and staff recommendation):

1. Sunset or Eliminate HMO

- a. **Sunset HMO.** Closes new enrollment into the HMO plan and allows current HMO members to remain in the HMO plan. There is no reduction in benefit, prevents movement in and out of the plan (e.g. by members who take advantage of the 100% inpatient benefit), and gives HMSA time to address concerns with its HMO referral process and network structure. However, this is an open-ended solution which will require further analysis of the HMO plan (every two years).
- b. **Eliminate HMO.** Current HMO members would move to the 90/10 PPO plan by default. It is a reduction in benefit, but there is no network disruption as all HMO providers are in the PPO network. This option addresses the concerns mentioned above and accounts for the expectation that HMSA is unlikely to provide viable solutions in the near future.

- 2. Status quo.** Current HMO enrollment shows some member interest in the HMO plan, and this option gives HMSA time to address concerns with its HMO referral process and network structure. However, the concerns mentioned above would remain and it is expected that HMSA is unlikely to provide viable solutions in the near future.

- 3. Reduce HMO benefit.** Brings the HMO offering more in line with HMSA’s prevalent HMO plan (X-S). However, this is a reduction in benefit and may remove one of the main reasons members are currently enrolled, the 100% inpatient benefit. This option will also not reduce the premium by much because the plan is rated by plan experience.

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4. **Combine HMO and 90/10 PPO.** Creates a 90/10 HMO plan with a 90% inpatient benefit and eliminates the 90/10 PPO plan. This option has the greatest member impact, where current HMO members would be enrolled in the 90/10 HMO plan by default and current 90/10 PPO members would move to the 80/20 PPO plan to minimize network disruption. Brings the HMO offering more in line with HMSA’s prevalent HMO plan (X-S). However, this is a reduction in benefit and may remove one of the main reasons members are currently enrolled, the 100% inpatient benefit. This option will also not reduce the premium by much because the plan is rated by plan experience.

Enrollment (as of 8/31/24)

	HMO	90/10 PPO	80/20 PPO	75/25 PPO
Subscribers	680	2,393	10,584	21,034
Dependents	327	1,186	7,629	21,065
Members	1,007	3,579	18,213	42,099
% of EUTF Active HMSA Members	1.6%	5.5%	28.1%	64.9%

Maximum Out-of-Pocket (effective 7/1/24)

	HMO	90/10 PPO	80/20 PPO	75/25 PPO
Annual Employee Premium	\$7,088	\$6,672	\$4,040	\$629
Medical MOOP	1,500	2,000	2,500	5,000
Drug MOOP	4,350	4,350	4,350	3,150
Total	\$12,938	\$13,022	\$10,890	\$8,779

Attachment:

¹ 5/21/24 Segal memo re Open Panel HMO Analysis (Informational Only)

Cc: Steve Murphy, Segal




Stephen Murphy
 Senior Vice President
 T 818.956.6726
 M 310.749.0969
 smurphy@segalco.com

PUBLIC

500 North Brand Boulevard
 Suite 1400
 Glendale, CA 91203-3338
 segalco.com

Memorandum

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

From: Stephen Murphy 

Date: May 21, 2024

Re: Open Panel HMO Analysis (Informational Only)

Overview

Health Maintenance Organizations (“HMOs”) are a “health care system that assumes or shares both the financial risks and the delivery risks associated with providing comprehensive medical services...in a particular geographic area, usually in return for a fixed, prepaid fee.”¹

HMO Model Types	Description ¹
Staff Model	A closed-panel HMO where patients receive [non-emergency] services only through a limited number of providers in which physicians are HMO employees. (e.g., Kaiser Permanente)
Group Model	HMO contracts with a single multispecialty medical group to provide care to the HMO’s membership. The HMO pays the medical group a negotiated per capita rate, which the group distributes among its physicians, usually on a salaried basis.
Individual Practice Association (IPA)	A health care provider organization comprising a group of independent practicing physicians who maintain their own offices and band together for contracting their services to HMOs, preferred provider organizations, and insurance companies.
Mixed Model	An HMO that combines features of more than one HMO model. (e.g., HMSA)
Network Model	An HMO that contracts with multiple physician groups to provide services to HMO members. It may include single or multispecialty groups.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics <https://www.cdc.gov/nchs/hus/sources-definitions/hmo.htm>

HMO enrollment peaked nationally at 31% during 1998 and has trended downward since.² Running counter to this trend is the West Region of the United States, which has access to multiple nationally recognized HMOs including Kaiser Permanente, Blue Cross and Blue Shield, Health Net, and UnitedHealthcare.

2023	Nationally	West Region	State/Local Government	5,000 or More Covered Workers	EUTF
Prevalence of HMO Enrollment ²	13%	26%	19%	17%	29%

In a recent trend, nine percent of all firms and 18% of large employers (5,000 or more workers)² are supplementing or replacing their full network HMO plans with narrower network alternatives. These narrow HMO network options can translate into first-year premium savings approaching 10 percent, when compared to the traditional full HMO network plans. Two narrow network HMO examples include Canopy Health <https://www.canopyhealth.com/> in Northern California, which is distributed through Health Net and UnitedHealthcare, and Vivity Health <https://www.vivityhealth.com/> in Southern California, which is available exclusively through Anthem Blue Cross.

EUTF’s History Offering an Open Panel HMO

EUTF has offered an open panel HMO option through HMSA since 7/1/2007. The plan design has not changed since the initial open panel HMO plan offering with 100% coverage of hospital services and a \$15 copay for Primary Care Physician (“PCP”) office visits.

Over the past 10 years, EUTF membership in the open panel HMO has declined to 1.5% of HMSA’s total enrollment. Contributing factors to this trend include:

- 2017 change in the rating of the HMSA 75/25 PPO plan and the bundled CVS prescription drug plan, which significantly lower its premiums; and,
- HMSA’s premium rate development methodology which is reliant upon the per capita claim costs of each plan when developing premium rates.
 - As plan membership declines, per capita costs rise which contribute to the acceleration in premium rates.

² Kaiser Family Foundation 2023 Employer Health Benefits Survey <https://www.kff.org/health-costs/report/2023-employer-health-benefits-survey/>

Based on prevalent HMO plans offered by HMSA and Kaiser Permanente in Hawaii, we solicited from HMSA the financial impact of the following open panel HMO plan changes.

HMSA Open Panel HMO Plan Design Considerations	Financial Impact
<p>Inpatient Reimbursement reduced from 100% to 90%</p> <p><i>(Note: Majority of HMSA’s clients reimburse open panel HMO inpatient expenses at 90%.)</i></p>	<p>█% reduction to the premium</p>
<p>Physician office visit copayment increased from \$15 to \$20</p> <p><i>(Note: Aligns with HMSA’s book of business and Kaiser Permanente’s Standard Plan)</i></p>	<p>█% reduction to the premium</p>

The combined impact of these plan design changes would have a modest impact on improving HMSA’s open panel HMO cost basis relative to EUTF’s other health plan options and nominally reduce the plan’s actuarial value from 96.0% to 95.1%.

We contend there are structural factors inhibiting the financial competitiveness of HMSA’s open panel HMO.

HMO Features	Observations
<p>Provider Reimbursement</p>	<p>HMSA’s HMO provider reimbursement scheme is weighted towards fee-for-service reimbursements, which have been less effective at managing care and costs compared to a closed panel model.</p>
<p>Provider Discount</p>	<p>HMSA reports their open access HMO provider network discount variance compared to their PPO network is approximately █%. Given the referral requirements inherent in an HMO plan, we would anticipate a larger spread between the HMO and PPO plans.</p>

Provider Access

HMSA's HMO physician network is approximately two-thirds the size of its PPO network. All HMO providers are participating PPO providers.

HMO network physician accessibility on Oahu, compared to the PPO network, is approximately █%. For all other islands combined, HMO network physician accessibility compared to the PPO network is less than █%, which may contribute to lower HMO participation on Neighboring Islands.

Referral Management Process

HMSA's HMO referral process system currently lacks the necessary checks and balances to validate and monitor authorized referrals within and outside the member's designated Health Center. Future system enhancements are necessary to align HMSA's capabilities with its peers.

Next Steps

EUTF and Segal have engaged with HMSA to mutually assess the factors adversely impacting the competitiveness of their open panel HMO plan, with an update provided by HMSA at the August 19th Benefits Committee Meeting.

Attachments:

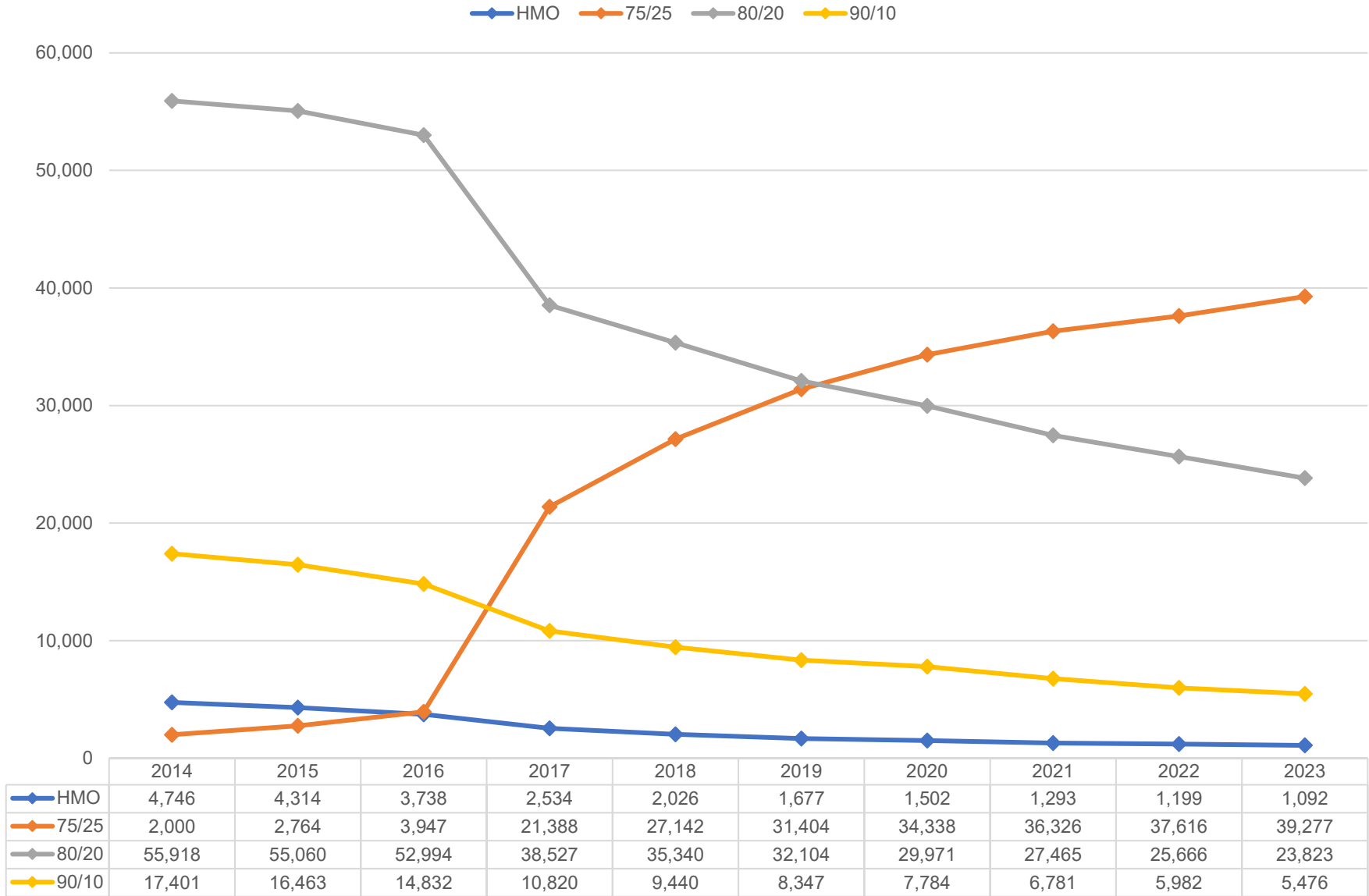
HMSA Health Plan Membership Distribution History by Plan
HMSA Health Plan Single Premium Rate History by Plan
Network Information

cc: Derek Mizuno, EUTF
Lara Nitta, EUTF

Disclaimer

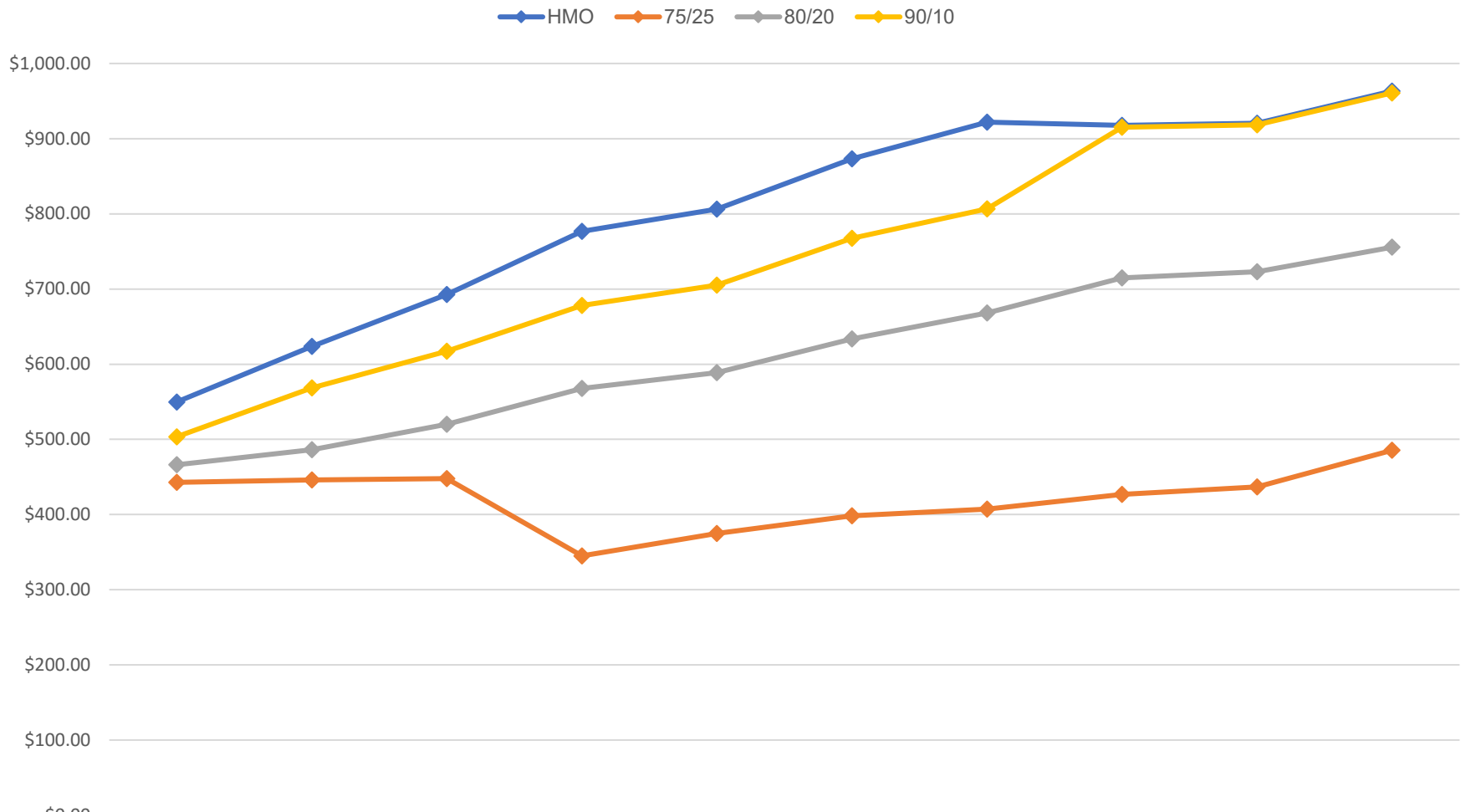
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HMSA Health Plan Membership Distribution by Plan 2014-2023



Note: Membership as of July of each year as provided by HMSA.

HMSA + CVS Health Plan Single Rates by Plan 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HMO	\$549.82	\$623.68	\$692.74	\$776.88	\$806.40	\$873.34	\$922.10	\$917.50	\$920.70	\$963.30
75/25	\$442.80	\$445.90	\$447.76	\$345.10	\$374.92	\$398.36	\$407.16	\$426.82	\$436.76	\$485.50
80/20	\$466.26	\$486.34	\$520.14	\$567.68	\$588.74	\$633.50	\$668.08	\$714.64	\$723.04	\$755.60
90/10	\$503.52	\$568.42	\$617.44	\$678.16	\$705.32	\$767.34	\$806.68	\$915.04	\$918.28	\$960.86

Note: Rates based on EUTF rates for the majority of BU's including Insurer Fees.

Provider Type PPO	Oahu	Maui	Hawaii	Kauai	Lanai	Molokai	Total
Acute Hospitals							
Clinics							
General/Family Practice Physicians							
Internal Medicine							
OBGYN Specialists							
Other Specialists (Non Physician)							
Other Specialists (Physician)							
Outpatient Surgical Centers							
Urgent Care Facilities							

Provider Type HMO	Oahu	Maui	Hawaii	Kauai	Lanai	Molokai	Total
Acute Hospitals							
Clinics							
General/Family Practice Physicians							
Internal Medicine							
OBGYN Specialists							
Other Specialists (Non Physician)							
Other Specialists (Physician)							
Outpatient Surgical Centers							
Urgent Care Facilities							

Provider Type Medicare	Oahu	Maui	Hawaii	Kauai	Lanai	Molokai	Total
Acute Hospitals							
Clinics							
General/Family Practice Physicians							
Internal Medicine							
OBGYN Specialists							
Other Specialists (Non Physician)							
Other Specialists (Physician)							
Outpatient Surgical Centers							
Urgent Care Facilities							

There are 315 providers who have offices on multiple islands.

Hawaii Employer Union Health Benefits Trust Fund

Year to Date Contract Plan Experience Report
Contract Year to Date through June 2024

September 24, 2024

**Hawaii Employer Union Health Benefits Trust Fund
Year-to-Date (YTD) Contract Plan Experience
Actives July 2023 through June 2024
Retirees January through June 2024**

HMSA

Key Findings

- *For active plans, the underwriting surpluses/(deficits) for the current contract period through June 2024 are as follows:*
 - EUTF 90/10 PPO Plan - (\$1.2 million)
 - EUTF 80/20 PPO Plan - (\$12.6 million)
 - EUTF 75/25 PPO Plan - (\$10.2 million)
 - EUTF HMO Plan - \$0.6 million
 - HSTA VB 90/10 PPO Plan - (\$0.3 million)
 - HSTA VB 80/20 PPO Plan - \$0.5 million
 - All Active Plans Combined - (\$23.2 million)
- *For retiree plans, the underwriting surplus/(deficits) for the current contract period through June 2024 are as follows:*
 - EUTF Under 65 Retiree PPO Plan - (\$6.7 million)
 - EUTF Over 65 Retiree PPO Plan - (\$10.6 million)
 - HSTA VB Under 65 Retiree PPO Plan - \$9,000
 - HSTA VB Over 65 Retiree PPO Plan - (\$0.5 million)
 - All Retiree Plans Combined - (\$17.8 million)
- *Note that the 2024 Retiree premiums were reduced by \$18 million using the surplus associated with the 2021-2024 RFP period.*

Kaiser Permanente

- *The underwriting surpluses/(deficits) for the contract period through June 2024 are as follows:*
 - EUTF Active Comprehensive HMO Plan - (\$4.3 million)
 - EUTF Active Standard HMO Plan - (\$1 million)
 - HSTA VB Active Comprehensive HMO Plan - \$0.1 million
 - EUTF Under 65 Retiree HMO Plan - (\$2.1 million)
 - EUTF Over 65 Retiree (Non-Medicare Dependents) HMO Plan - (\$0.1 million)
 - HSTA VB Under 65 Retiree HMO Plan - \$14,000
 - HSTA VB Over 65 Retiree (Non-Medicare Dependents) HMO Plan - \$12,000

CVS Caremark Rx

- *For active plans, the underwriting (deficits) for the current contract period through June 2024 are as follows:*
 - EUTF Active 90/10 & 80/20 PPO Plans - (\$7.4 million)
 - EUTF Active 75/25 PPO Plan - (\$6.1 million)
 - EUTF Active HMO Plan - (\$0.9 million)
 - HSTA VB Active PPO Plan - (\$89,000)
 - All Active Plans Combined - (\$14.5 million)

**Hawaii Employer Union Health Benefits Trust Fund
Year-to-Date (YTD) Contract Plan Experience
Actives July 2023 through June 2024
Retirees January through June 2024**

Key Findings

CVS Caremark Rx (cont.)

- *For retiree plans, the underwriting surpluses/(deficit) for the current contract period through June 2024 are as follows:*
 - EUTF Under 65 Retiree PPO Plan - (\$1.6 million)
 - EUTF Over 65 Retiree PPO Plan (EGWP Wrap Plan) - \$2.6 million
 - HSTA VB Under 65 Retiree PPO Plan - \$1,000
 - HSTA VB Over 65 Retiree PPO Plan (EGWP Wrap Plan) - \$0.5 million
 - All Retiree Plans Combined - \$1.5 million

Verdegard Administrators

- *The EUTF Active Supplemental Medical and Prescription Drug Plan has an underwriting deficit of (\$30,000) as of June 2024.*

HDS Dental

- *For active plans, the underwriting surpluses/(deficit) for the current contract period through June 2024 are as follows:*
 - EUTF Active Plan - \$1 million
 - HSTA VB Active Plan - (\$43,000)
 - HSTA VB Active Supplemental Plan - \$300
 - All Active Plans Combined - \$0.9 million
- *For retiree plans, the underwriting (deficits) for the current contract period through June 2024 are as follows:*
 - EUTF Retiree Plan - (\$1.2 million)
 - HSTA VB Retiree Plan - (\$0.1 million)
 - All Retiree Plans Combined - (\$1.3 million)

VSP Vision

- *For active plans, the underwriting (deficits) for the current contract period through June 2024 are as follows:*
 - EUTF Active Plan - (\$1.2 million)
 - HSTA VB Active Plan - (\$0.3 million)
 - All Active Plans Combined - (\$1.4 million)
- *The EUTF and HSTA VB Retiree plan has an underwriting (deficit) of (\$0.7 million) as of June 2024.*

**Hawaii Employer Union Health Benefits Trust Fund
Year-to-Date (YTD) Contract Plan Experience
Actives July 2023 through June 2024
Retirees January through June 2024**

Securian

Key Findings

- *The underwriting surplus/(deficits) for the current contract period through June 2024 are as follows:*
 - *EUTF Active Plan - (\$0.5 million)*
 - *HSTA VB Active Plan - (\$71,000)*
 - *EUTF Retiree Plan - (\$0.2 million)*
 - *HSTA VB Retiree Plan - \$12,000*

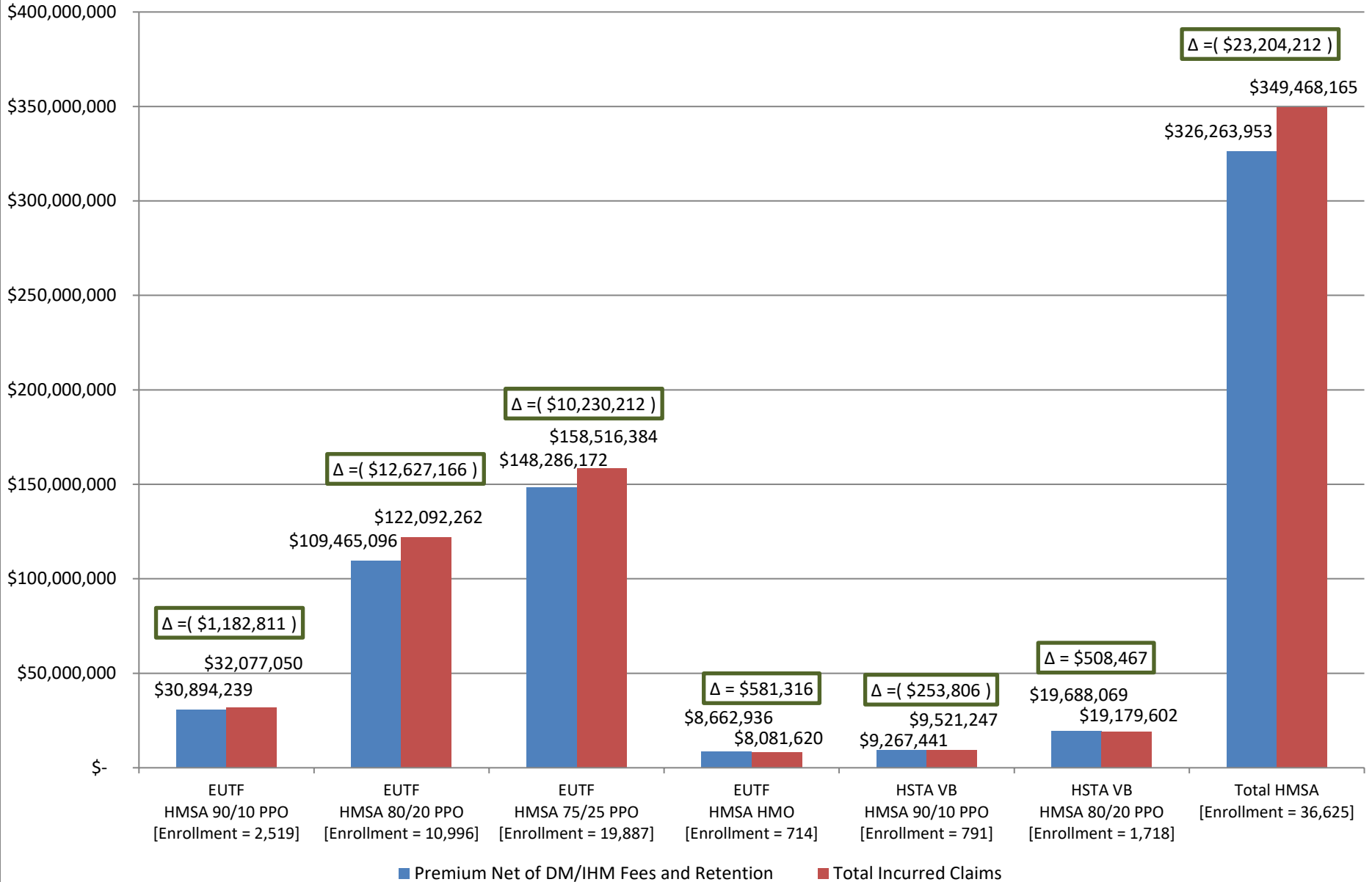


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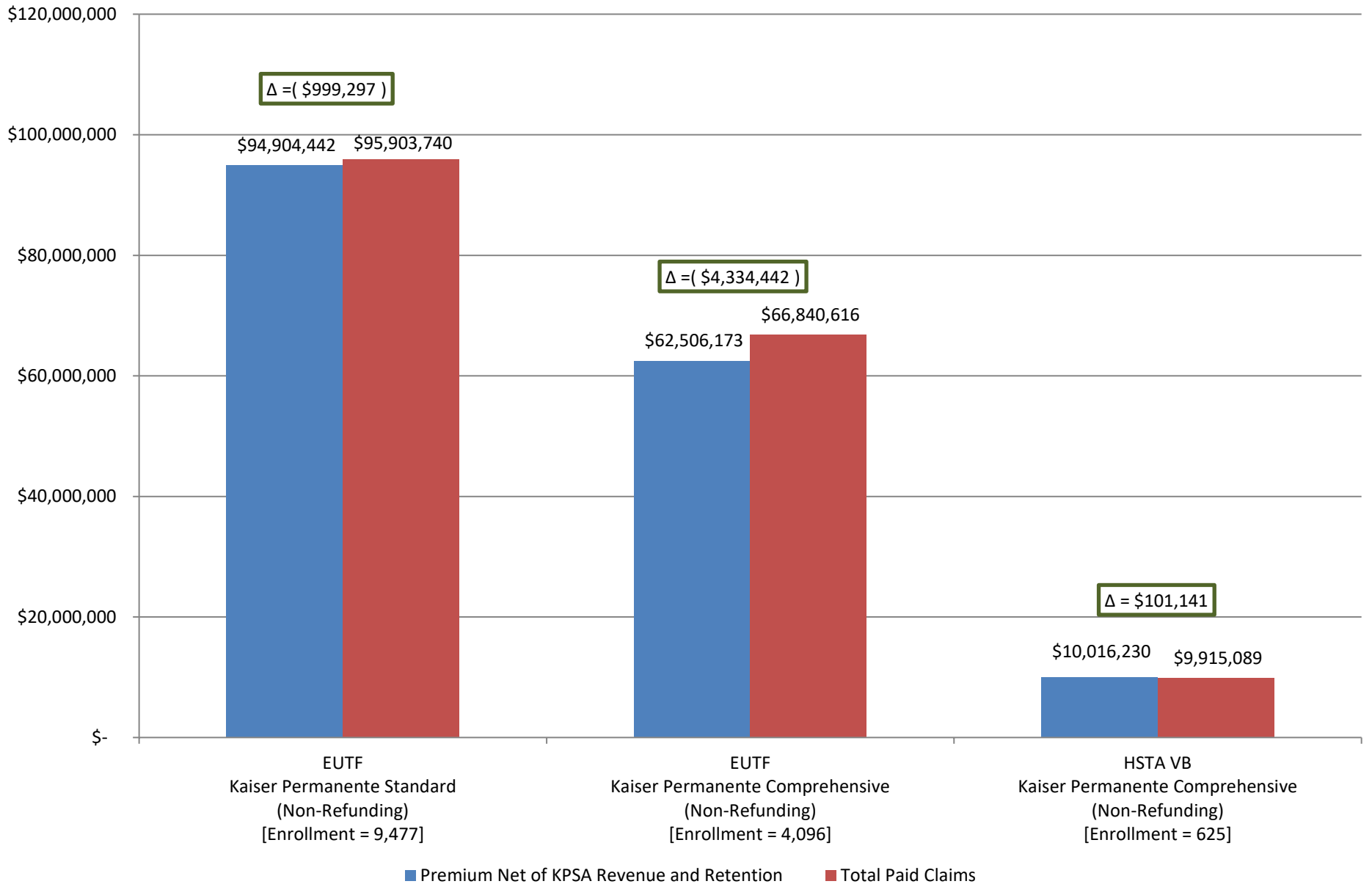
<u>Content</u>	<u>Section/Tab</u>
• Active Plans	1
– Year to Date Financial and Enrollment	
• Retiree Plans	2
– Year to Date Financial and Enrollment	
• Appendix	3
– Notes	
– HMSA Second Quarter Reports by Bargaining Unit	

Active Plans

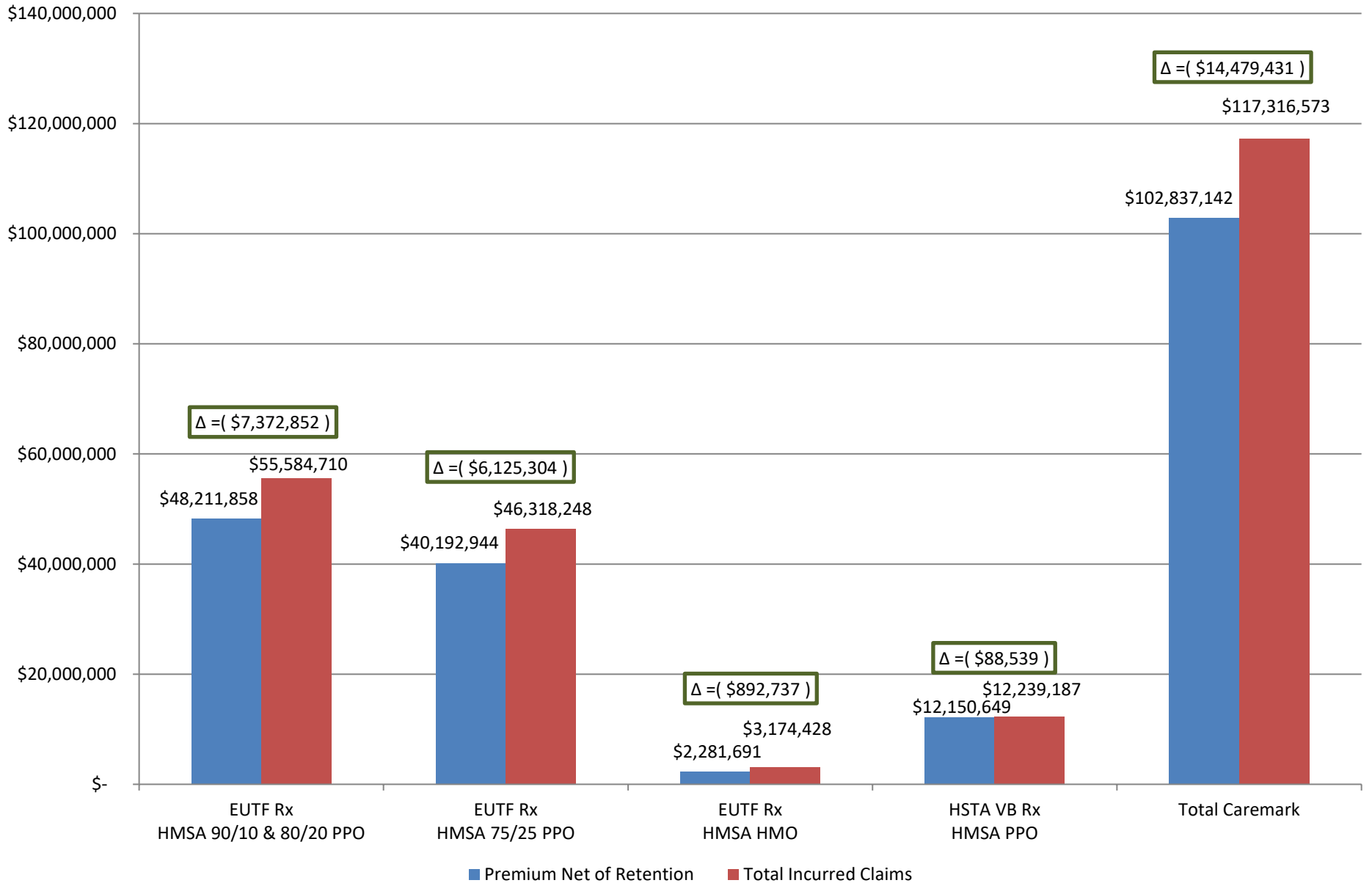
Hawaii Employer Union Health Benefits Trust Fund YTD Contract - July 2023 through June 2024 EUTF and HSTA VB Actives - HMSA Medical Plan Experience



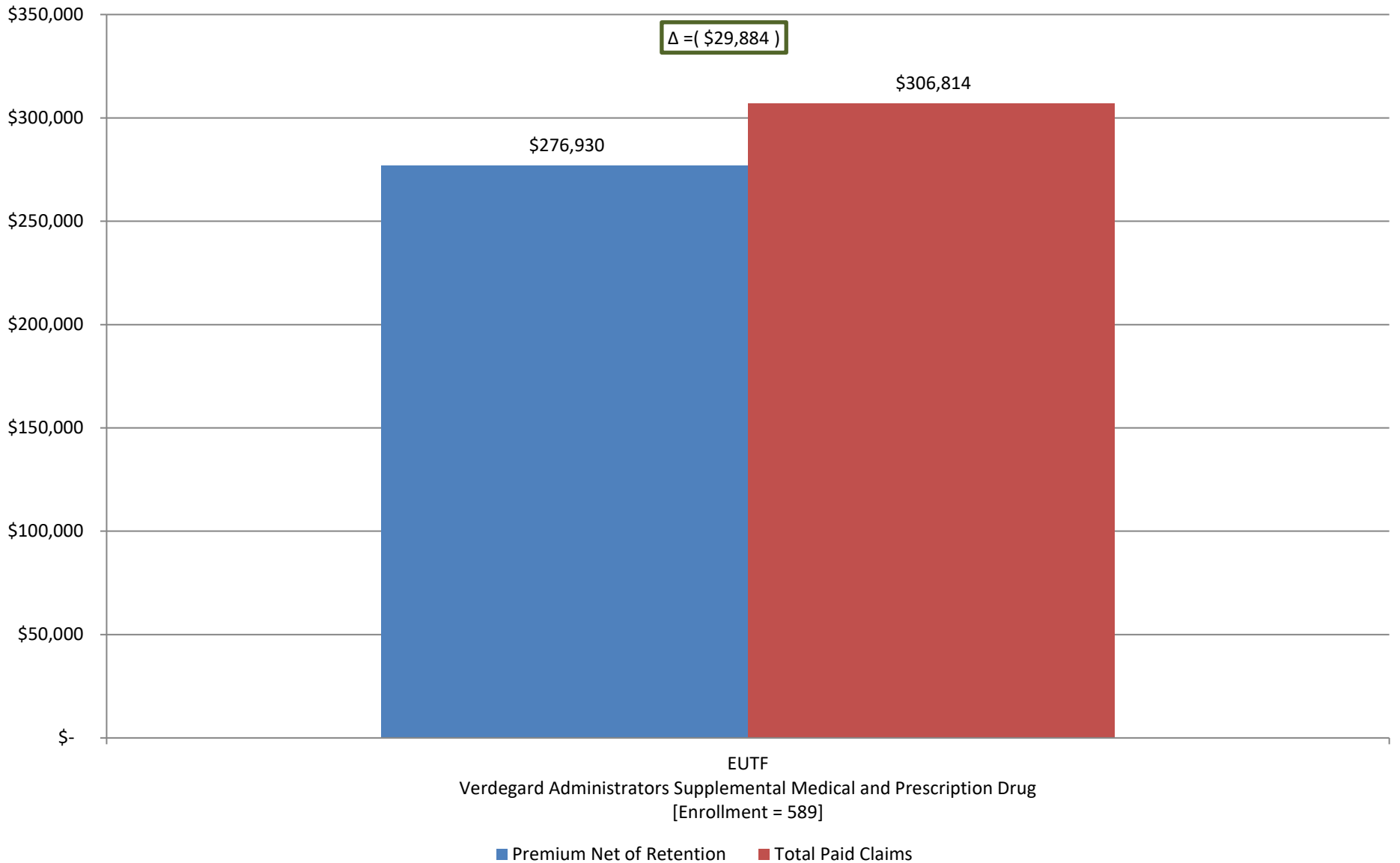
Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - July 2023 through June 2024
EUTF and HSTA VB Actives - Kaiser Permanente Medical Plan Experience



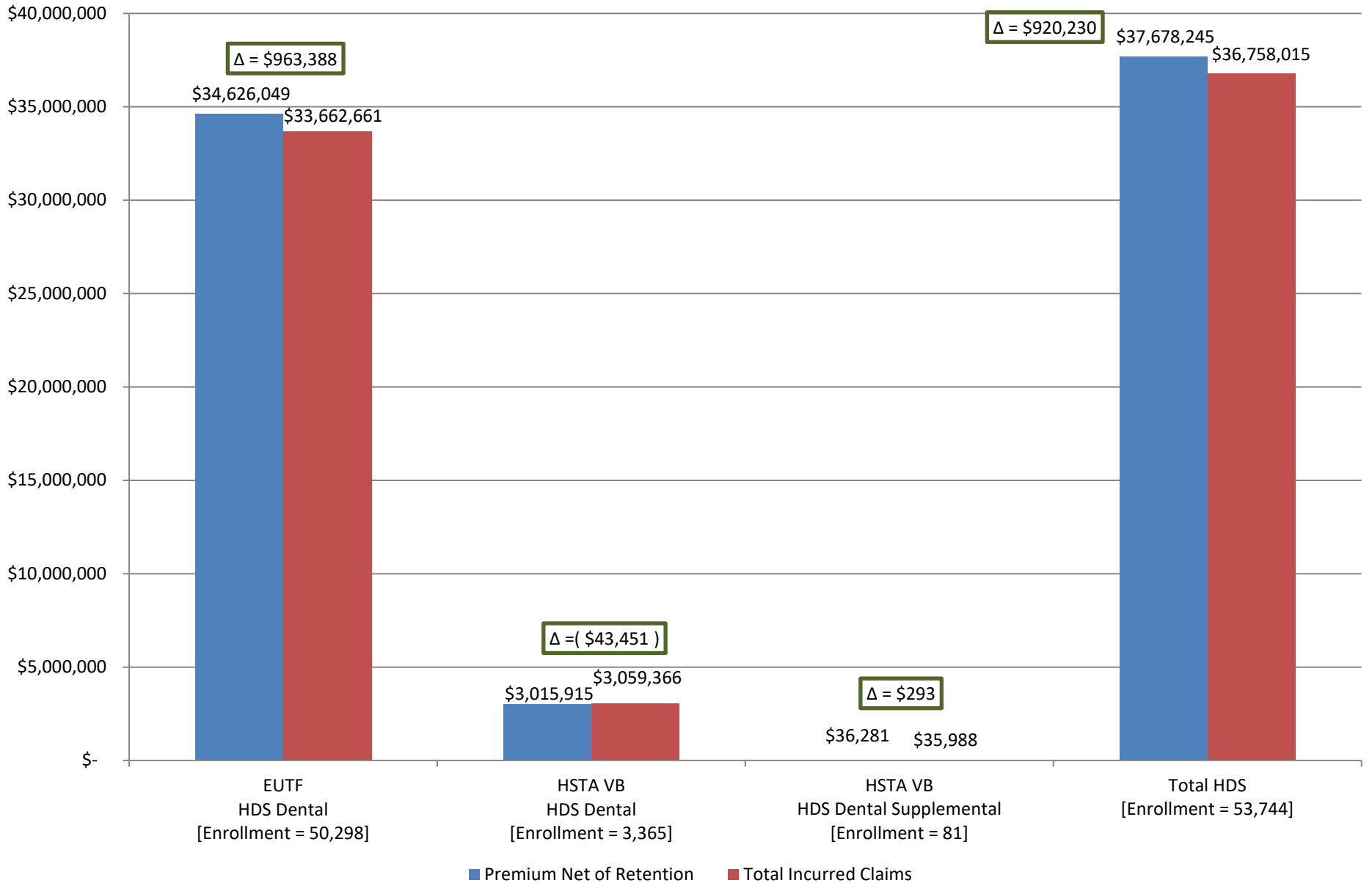
Hawaii Employer Union Health Benefits Trust Fund YTD Contract - July 2023 through June 2024 EUTF and HSTA VB Actives - Caremark Prescription Drug Plan Experience



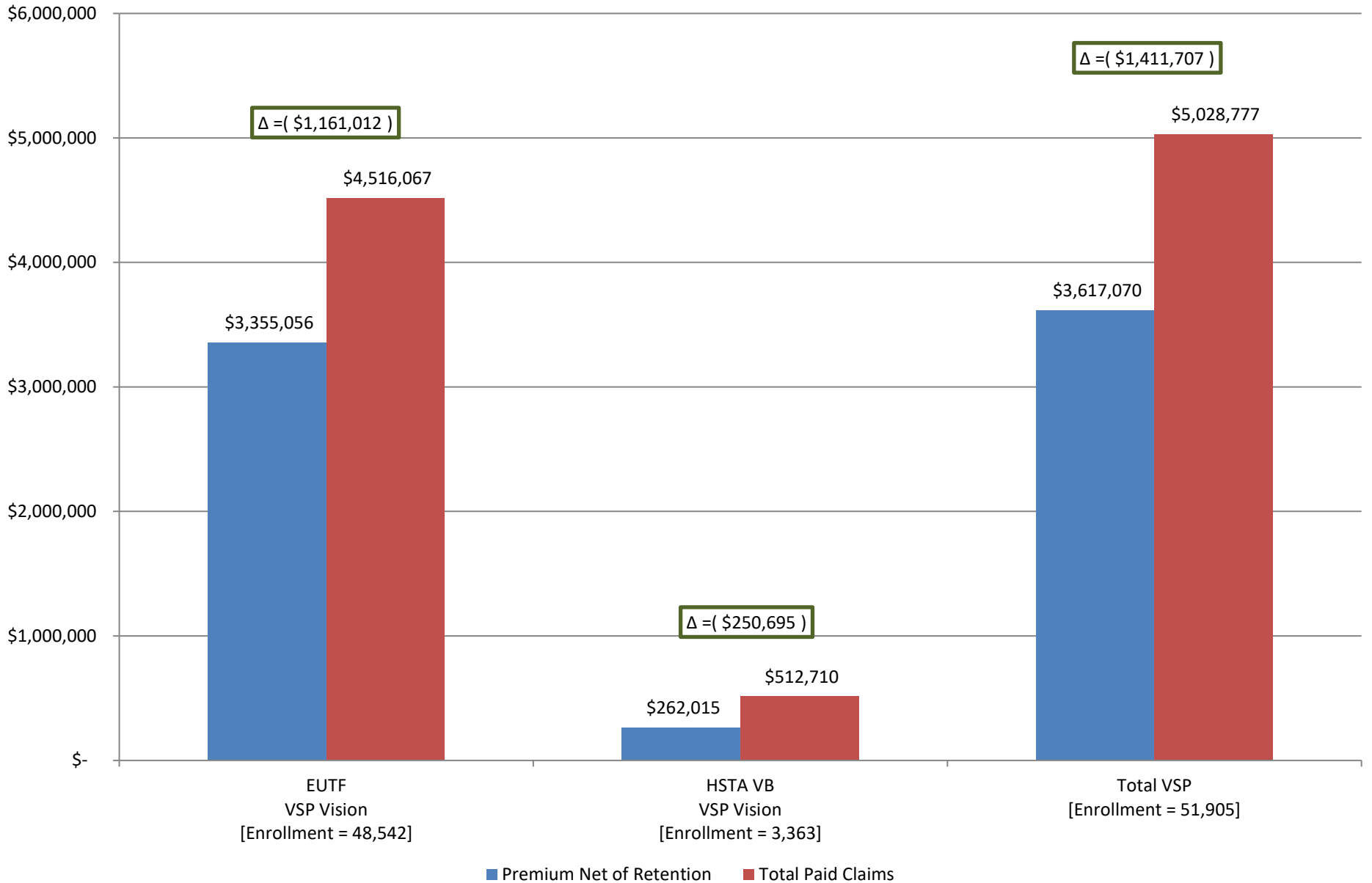
Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - July 2023 through June 2024
EUTF Actives - Verdegard Administrators Medical and Prescription Drug Plan
Experience



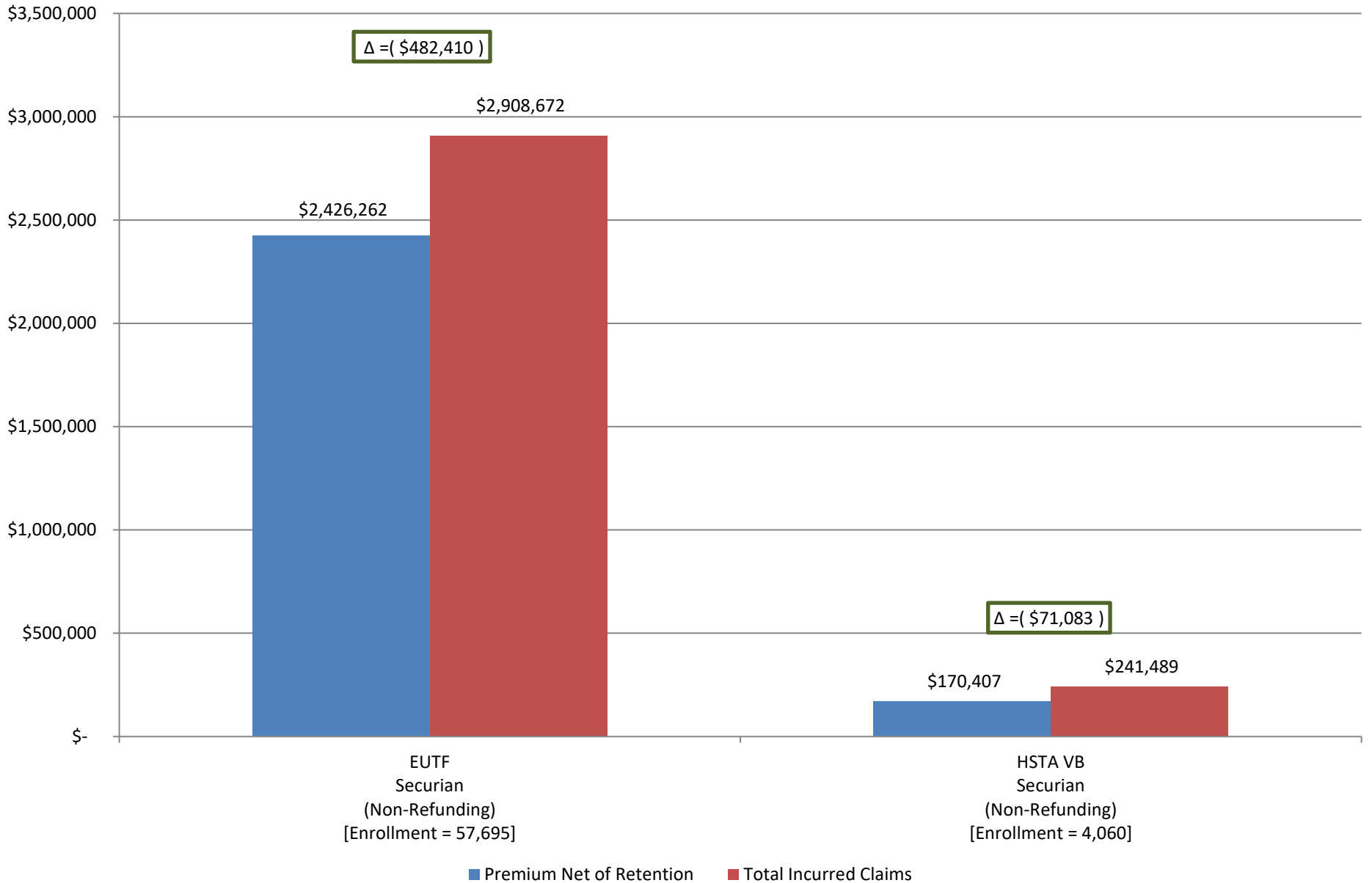
Hawaii Employer Union Health Benefits Trust Fund YTD Contract - July 2023 through June 2024 EUTF and HSTA VB Actives - HDS Dental Plan Experience



Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - July 2023 through June 2024
EUTF and HSTA VB Actives - VSP Vision Plan Experience

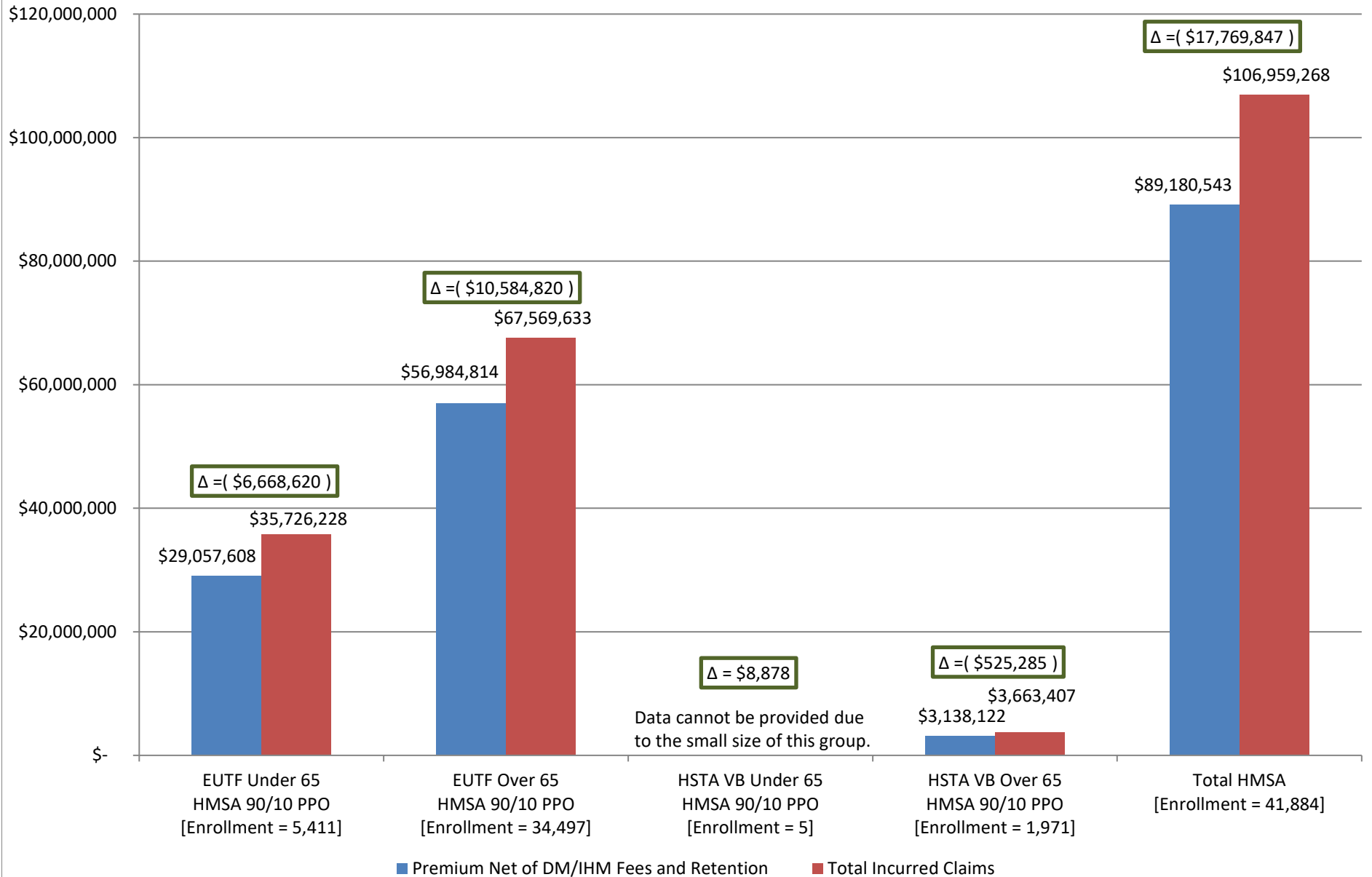


Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - July 2023 through June 2024
EUTF and HSTA VB Actives - Securian Life Plan Experience

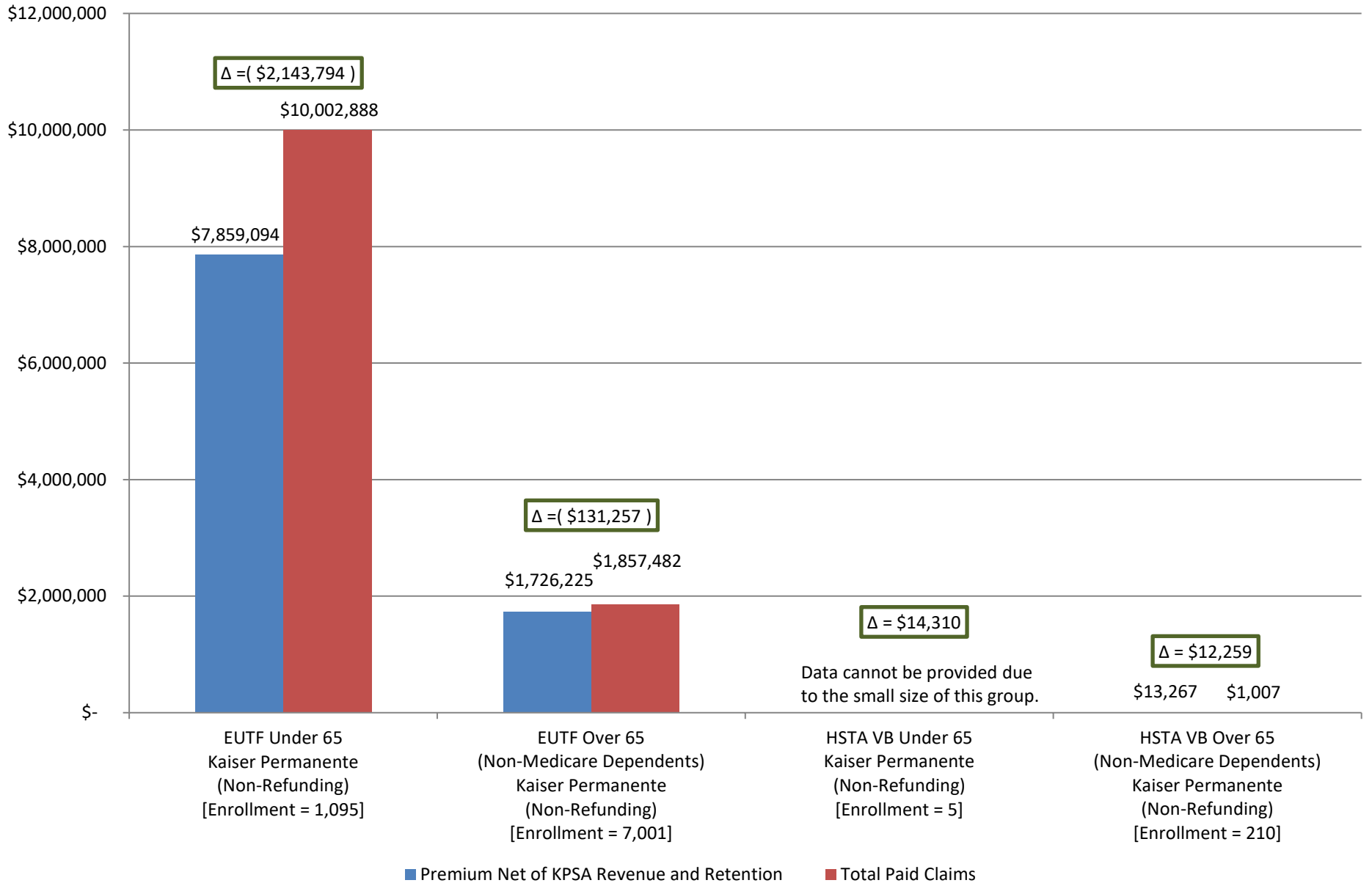


Retiree Plans

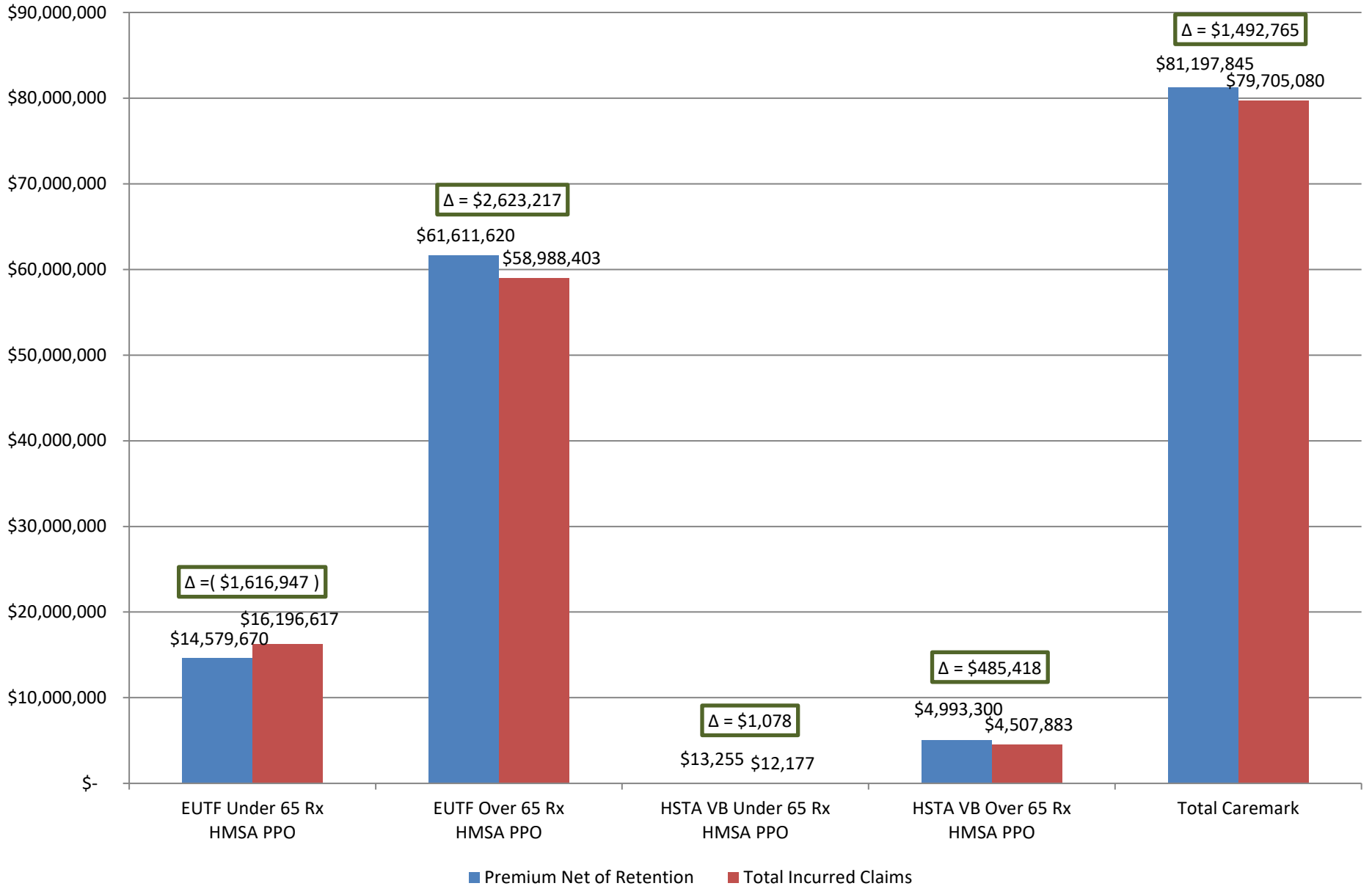
Hawaii Employer Union Health Benefits Trust Fund YTD Contract - January through June 2024 EUTF and HSTA VB All Retirees - HMSA Medical Plan Experience



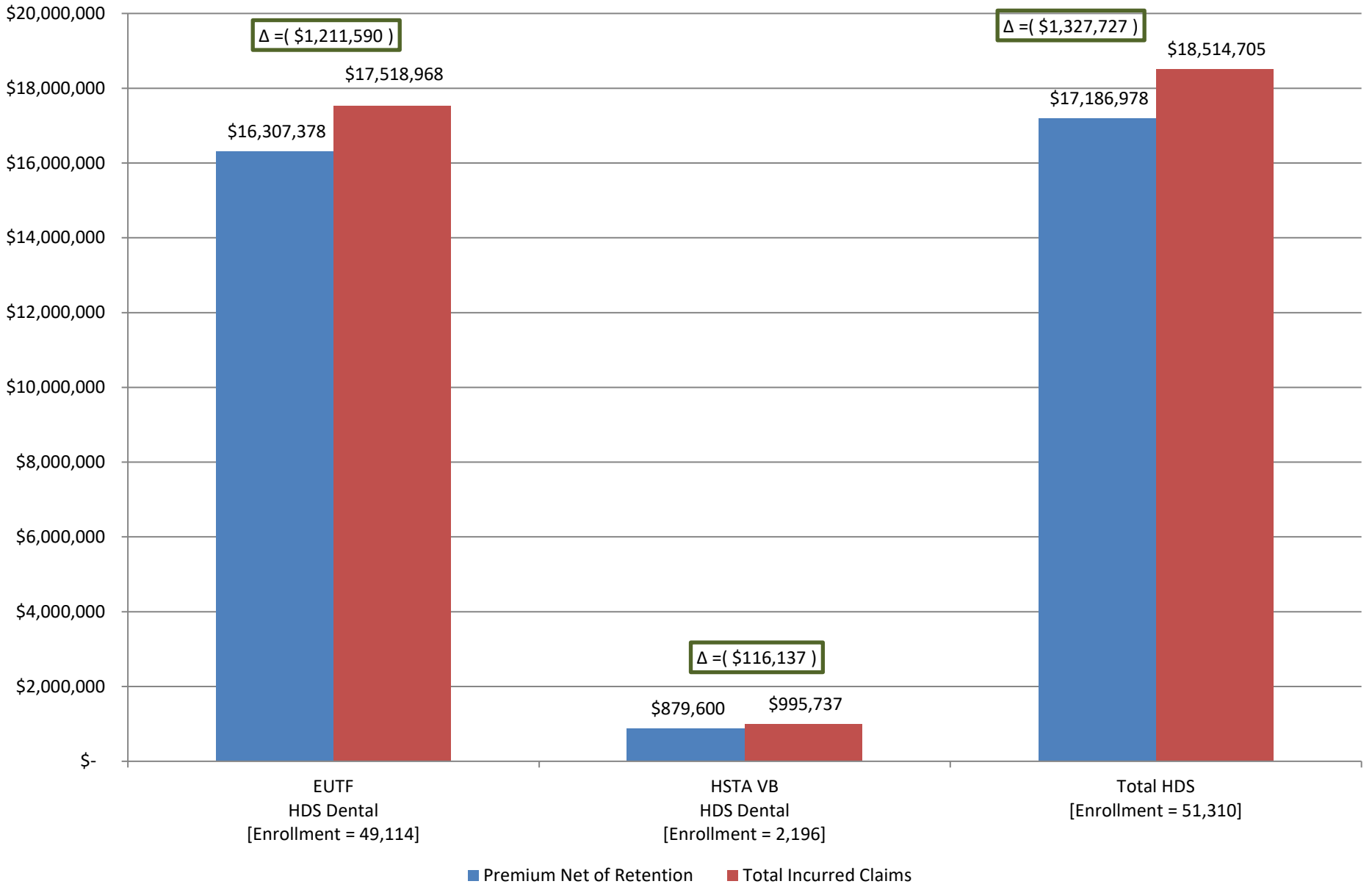
Hawaii Employer Union Health Benefits Trust Fund YTD Contract - January through June 2024 EUTF and HSTA VB All Retirees - Kaiser Permanente Medical Plan Experience



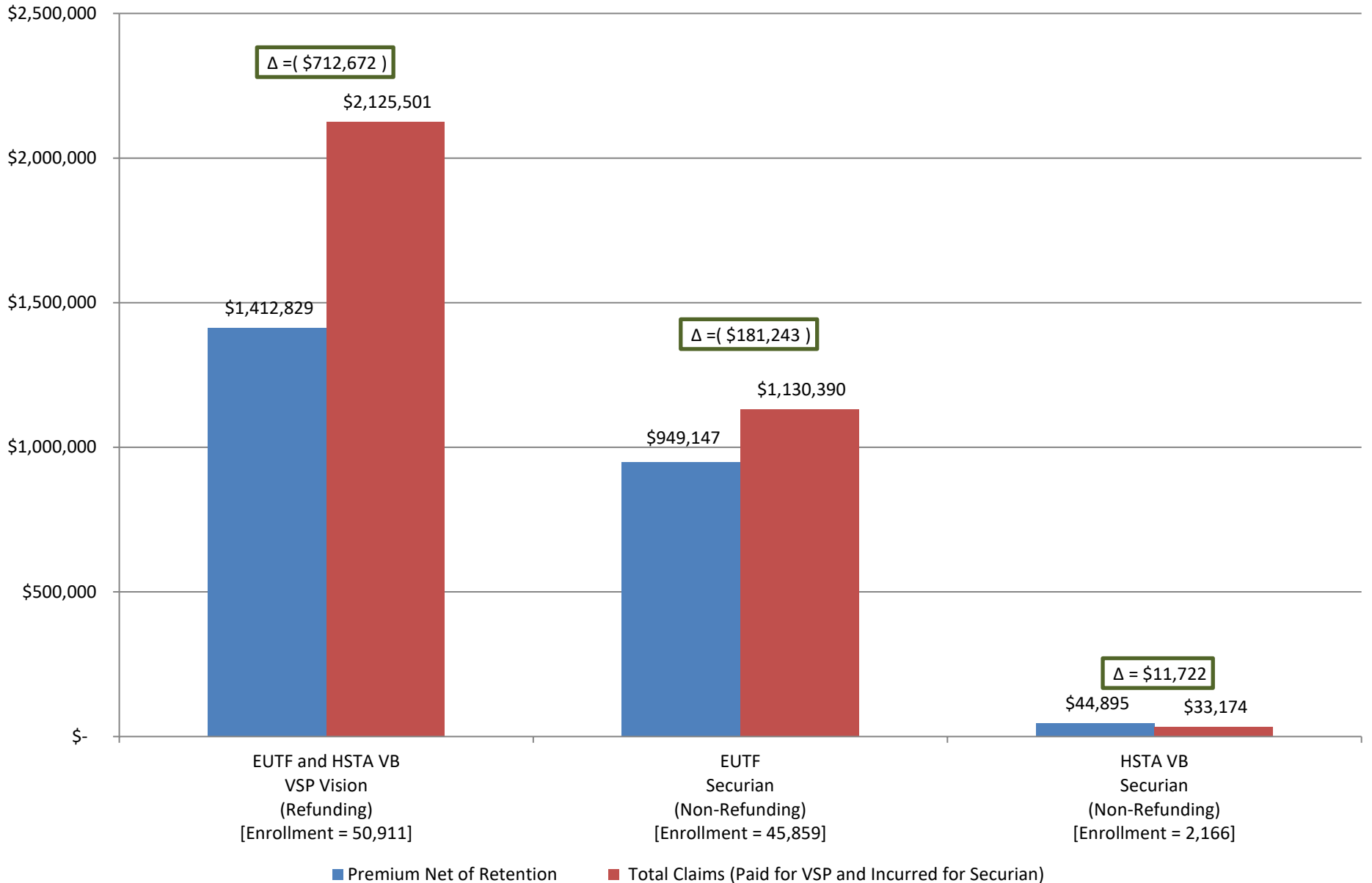
Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - January through June 2024
EUTF and HSTA VB All Retirees - Caremark Prescription Drug Plan Experience



Hawaii Employer Union Health Benefits Trust Fund
YTD Contract - January through June 2024
EUTF and HSTA VB All Retirees - HDS Dental Plan Experience



Hawaii Employer Union Health Benefits Trust Fund YTD Contract - January through June 2024 EUTF and HSTA VB All Retirees - Other Plan Experience



Appendix

**Hawaii Employer Union Health Benefits Trust Fund
Year-to-Date (YTD) Contract Plan Experience
Actives July 2023 through June 2024
Retirees January through June 2024**

Notes

HMSA

- *Revenue received is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.*
- *Data for HSTA VB Under 65 Retiree 90/10 PPO Plan cannot be provided due to the small size of this group.*

Kaiser Permanente

- *Kaiser Permanente reports do not include Medicare revenue or benefits paid.*
- *Data for HSTA VB Under 65 Retiree HMO Plan cannot be provided due to the small size of this group.*

CVS/Caremark Rx

- *The amounts reported for Actives and Under 65 Retiree plans are based on fill date provided by CVS.*
- *Expenses include COBRA, revenue excludes COBRA.*
- *Revenue based on enrollment reported by EUTF.*
- *Rebates were estimated by Segal based on rebate reports received from Caremark through the fourth quarter of 2023.*

Verdegard Administrators

- *Revenue based on enrollment reported by EUTF.*
- *IBNR is for claims received in the month that have not completed the payment process within the month.*

VSP Vision

- *IBNR estimates not provided by VSP.*

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**EXHIBIT I
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2023 THROUGH JUNE 30, 2024
PAID JULY 1, 2023 THROUGH JUNE 30, 2024**

ACTIVE EMPLOYEES - 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$1,196,573.92	\$3,507,343.16	\$421,385.62	\$4,688,833.54	\$410,647.30	\$4,737,150.48	\$1,337,949.80	\$4,632,364.84	\$1,741,422.96	\$847,763.22	\$1,439,503.90	\$450,714.56	\$2,267,661.12	\$6,272,583.86	\$309,667.28	\$94,373.85	\$36,586.25	\$34,392,525.66
Less Administrative Expense/Retention	(\$109,148.72)	(\$329,073.74)	(\$39,513.64)	(\$440,014.22)	(\$38,501.24)	(\$443,435.42)	(\$125,133.38)	(\$432,965.36)	(\$162,737.90)	(\$79,527.02)	(\$134,806.14)	(\$44,775.22)	(\$212,821.72)	(\$587,691.82)	(\$28,850.76)	(\$9,123.46)	\$0.00	(\$3,218,119.76)
Dues Income Available for Benefits Payments	\$1,087,425.20	\$3,178,269.42	\$381,871.98	\$4,248,819.32	\$372,146.06	\$4,293,715.06	\$1,212,816.42	\$4,199,399.48	\$1,578,685.06	\$768,236.20	\$1,304,697.76	\$405,939.34	\$2,054,839.40	\$5,684,892.04	\$280,816.52	\$85,250.39	\$36,586.25	\$31,174,405.90
Medical Benefits Incurred and Paid	\$969,833.76	\$2,097,920.47	\$317,863.74	\$5,161,636.26	\$395,054.76	\$3,959,180.56	\$687,429.77	\$3,074,439.04	\$797,322.20	\$907,015.59	\$737,324.78	\$325,420.59	\$922,817.64	\$5,251,183.88	\$163,880.79	\$653,114.85	\$0.00	\$26,421,438.68
Bundled Rate of Care	\$29,550.69	\$88,485.87	\$13,207.89	\$128,053.06	\$10,212.84	\$133,573.86	\$41,692.05	\$134,951.24	\$57,587.70	\$21,413.32	\$41,112.86	\$12,149.77	\$73,805.54	\$194,614.79	\$8,625.20	\$1,954.15	\$0.00	\$990,990.83
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$157,084.00	\$343,764.00	\$52,018.00	\$831,309.00	\$63,717.00	\$643,319.00	\$114,719.00	\$504,860.00	\$134,622.00	\$145,932.00	\$122,422.00	\$53,088.00	\$156,817.00	\$856,207.00	\$27,128.00	\$102,865.00	\$0.00	\$4,309,871.00
Chiropractic Benefit Cost	\$3,427.64	\$11,148.86	\$1,192.24	\$15,320.54	\$1,315.70	\$14,856.44	\$3,882.08	\$13,459.10	\$5,355.20	\$2,502.08	\$4,480.02	\$1,410.58	\$6,379.78	\$19,201.12	\$972.00	\$337.54	\$0.00	\$105,240.92
Disease Management (DM) / Integrated Health Management (IHM)	\$9,505.04	\$28,640.10	\$3,441.78	\$38,287.32	\$3,350.28	\$38,599.30	\$10,898.34	\$37,706.16	\$14,167.46	\$6,925.74	\$11,735.02	\$3,899.34	\$18,541.80	\$51,164.38	\$2,511.06	\$793.54	\$0.00	\$280,166.66
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$9,408.00	\$13,527.50	\$0.00	\$15,624.00	\$0.00	\$55,075.00	\$6,983.00	\$47,878.00	\$18,673.00	\$3,301.00	\$4,682.00	\$5,062.50	\$4,088.50	\$26,223.50	\$0.00	\$0.00	\$0.00	\$210,526.00
Total Benefits	\$1,179,961.93	\$2,586,657.84	\$387,978.73	\$6,195,501.14	\$474,221.80	\$4,849,422.78	\$867,175.55	\$3,819,572.03	\$1,030,285.51	\$1,088,166.66	\$923,079.84	\$401,599.26	\$1,184,660.06	\$6,406,341.54	\$203,401.90	\$759,190.27	\$0.00	\$32,357,216.84
Estimated Gain or (Loss) for the Period	(\$92,536.73)	\$591,611.58	(\$6,106.75)	(\$1,946,681.82)	(\$102,075.74)	(\$555,707.72)	\$345,640.87	\$379,827.45	\$548,399.55	(\$319,930.46)	\$381,617.92	\$4,340.08	\$870,179.34	(\$721,449.50)	\$77,414.62	(\$673,939.88)	\$36,586.25	(\$1,182,810.94)
Total Subscribers by Tier																		
Single	550	2,672	119	4,115	293	3,645	603	1,937	1,195	441	1,056	256	921	4,037	227	118		22,185
Two-party	170	446	84	536	83	377	169	755	167	91	124	46	143	715	40	2		3,948
Family	176	255	72	213	12	505	231	714	209	141	163	81	540	757	24	1		4,094
Total Subscribers	896	3,373	275	4,864	388	4,527	1,003	3,406	1,571	673	1,343	383	1,604	5,509	291	121		30,227
Total Dependents	589	1,213	324	1,079	119	1,908	893	2,802	771	458	718	265	1,812	2,838	88	5		15,882
Total Members (Subs+Deps)	1,485	4,586	599	5,943	507	6,435	1,896	6,208	2,342	1,131	2,061	648	3,416	8,347	379	126		46,109

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



EXHIBIT I
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2023 THROUGH JUNE 30, 2024
PAID JULY 1, 2023 THROUGH JUNE 30, 2024

ACTIVE HMO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$211,577.84	\$1,078,633.38	\$219,320.20	\$1,426,305.06	\$137,883.30	\$1,218,279.12	\$181,563.40	\$784,816.94	\$487,989.12	\$246,962.98	\$476,636.90	\$166,891.84	\$998,455.22	\$1,814,655.04	\$170,869.40	\$2,332.74	(\$6,329.62)	\$9,616,842.86
Less Administrative Expense/Retention	(\$19,184.40)	(\$97,900.40)	(\$19,890.24)	(\$129,667.84)	(\$12,576.00)	(\$110,332.04)	(\$16,535.04)	(\$71,216.52)	(\$44,812.84)	(\$22,389.44)	(\$43,359.96)	(\$15,339.00)	(\$90,443.32)	(\$165,621.12)	(\$15,710.00)	(\$211.68)	\$0.00	(\$875,189.84)
Dues Income Available for Benefits Payments	\$192,393.44	\$980,732.98	\$199,429.96	\$1,296,637.22	\$125,307.30	\$1,107,947.08	\$165,028.36	\$713,600.42	\$443,176.28	\$224,573.54	\$433,276.94	\$151,552.84	\$908,011.90	\$1,649,033.92	\$155,159.40	\$2,121.06	(\$6,329.62)	\$8,741,653.02
Medical Benefits Incurred and Paid	\$74,373.86	\$802,998.07	\$57,240.21	\$1,165,349.06	\$54,174.67	\$1,319,631.13	\$91,917.90	\$403,660.77	\$324,329.43	\$52,239.15	\$150,824.56	\$81,821.41	\$480,309.74	\$1,242,190.32	\$69,612.05	\$4,562.18	\$0.00	\$6,375,234.51
Bundled Rate of Care	\$5,811.82	\$33,597.94	\$5,390.57	\$38,179.63	\$4,426.78	\$34,918.50	\$5,941.07	\$23,938.84	\$14,796.99	\$5,547.63	\$14,695.54	\$6,230.66	\$36,629.05	\$53,848.77	\$5,858.81	\$0.00	\$0.00	\$289,812.60
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$505.18	\$2,302.12	\$474.71	\$3,430.83	\$137.31	\$2,416.67	\$476.57	\$2,157.57	\$1,248.09	\$425.16	\$1,056.82	\$441.24	\$2,485.57	\$4,047.36	\$461.59	\$7.53	\$0.00	\$22,074.32
Chiropractic Benefit Cost	\$15,815.00	\$164,424.00	\$12,369.00	\$236,564.00	\$11,513.00	\$265,965.00	\$19,274.00	\$84,232.00	\$66,713.00	\$11,410.00	\$32,649.00	\$17,345.00	\$101,807.00	\$254,817.00	\$14,883.00	\$896.00	\$0.00	\$1,310,676.00
Disease Management (DM) / Integrated Health Management (IHM)	\$636.28	\$3,425.08	\$682.72	\$4,674.28	\$438.56	\$3,921.18	\$559.12	\$2,249.70	\$1,491.30	\$717.20	\$1,490.86	\$424.86	\$2,699.86	\$5,475.60	\$507.80	\$8.16	\$0.00	\$29,402.56
Provider Settlements	\$1,725.80	\$8,802.36	\$1,788.44	\$11,656.30	\$1,130.80	\$9,919.60	\$1,487.18	\$6,408.42	\$4,030.70	\$2,014.46	\$3,899.42	\$1,381.50	\$8,141.62	\$14,898.00	\$1,413.32	\$19.02	\$0.00	\$78,716.94
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Benefits	\$0.00	\$186.00	\$0.00	\$876.00	\$0.00	\$19,659.00	\$960.00	\$5,828.00	\$5,120.00	\$590.00	\$138.00	\$0.00	\$7,125.00	\$13,938.00	\$0.00	\$0.00	\$0.00	\$54,420.00
Total Benefits	\$98,867.94	\$1,015,735.57	\$77,945.65	\$1,460,730.10	\$71,821.12	\$1,656,431.08	\$120,615.84	\$528,475.30	\$417,729.51	\$72,943.60	\$204,754.20	\$107,644.67	\$639,197.84	\$1,589,215.05	\$92,736.57	\$5,492.89	\$0.00	\$8,160,336.93
Estimated Gain or (Loss) for the Period	\$93,525.50	(\$35,002.59)	\$121,484.31	(\$164,092.88)	\$53,486.18	(\$548,484.00)	\$44,412.52	\$185,125.12	\$25,446.77	\$151,629.94	\$228,522.74	\$43,908.17	\$268,814.06	\$59,818.87	\$62,422.83	(\$3,371.83)	(\$6,329.62)	\$581,316.09
Total Subscribers by Tier																		
Single	146	848	138	1,332	112	1,102	131	372	296	123	380	12	279	1,098	84	3		6,456
Two-party	6	128	44	123	12	73	12	60	62	24	24	12	87	186	24	0		877
Family	36	74	12	67	12	92	24	159	61	44	57	57	256	258	26	0		1,235
Total Subscribers	188	1,050	194	1,522	136	1,267	167	591	419	191	461	81	622	1,542	134	3		8,568
Total Dependents	102	382	68	315	36	352	72	467	222	136	245	174	988	885	142	0		4,586
Total Members (Subs+Deps)	290	1,432	262	1,837	172	1,619	239	1,058	641	327	706	255	1,610	2,427	276	3		13,154

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



An Independent Licensee of the Blue Cross and Blue Shield Association

**EXHIBIT I-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2023 THROUGH JUNE 30, 2024
PAID JULY 1, 2023 THROUGH JUNE 30, 2024**

<u>ACTIVE EMPLOYEES - 90/10 PPO</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$10,436,460.42	\$6,164.83	(\$2,536.92)	\$10,440,088.33
Less Administrative Expense/Retention	<u>(\$1,058,954.40)</u>	<u>(\$1,070.04)</u>	\$0.00	<u>(\$1,060,024.44)</u>
Dues Income Available for Benefits Payments	\$9,377,506.02	\$5,094.79	(\$2,536.92)	\$9,380,063.89
Medical Benefits Incurred and Paid	\$7,708,992.49	\$6,479.13	\$0.00	\$7,715,471.62
Bundled Rate of Care	\$425,012.05	\$328.88	\$0.00	\$425,340.93
Quality Improvement Program	\$14,987.61	\$13.61	\$0.00	\$15,001.22
Estimated Benefits Incurred but not Reported	\$1,279,392.00	\$1,071.00	\$0.00	\$1,280,463.00
Chiropractic Benefit Cost	\$40,232.60	\$41.62	\$0.00	\$40,274.22
Disease Management (DM) / Integrated Health Management (IHM)	\$112,509.52	\$113.66	\$0.00	\$112,623.18
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$44,696.00	\$0.00	\$0.00	\$44,696.00
Total Benefits	\$9,625,822.27	\$8,047.90	\$0.00	\$9,633,870.17
Estimated Gain or (Loss) for the Period	<u>(\$248,316.25)</u>	<u>(\$2,953.11)</u>	<u>(\$2,536.92)</u>	<u>(\$253,806.28)</u>
Total Subscribers by Tier				
Single	5,413	8		5,421
Two-party	1,356	0		1,356
Family	2,715	3		2,718
Total Subscribers	9,484	11		9,495
Total Dependents	<u>9,154</u>	<u>6</u>		<u>9,160</u>
Total Members (Subs+Deps)	18,638	17		18,655

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EXHIBIT I-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2023 THROUGH JUNE 30, 2024
PAID JULY 1, 2023 THROUGH JUNE 30, 2024

ACTIVE EMPLOYEES - 80/20 PPO	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$22,615,657.14	\$26,012.98	(\$21,696.44)	\$22,619,973.68
Less Administrative Expense/Retention	(\$2,615,147.18)	(\$2,925.36)	\$0.00	(\$2,618,072.54)
Dues Income Available for Benefits Payments	\$20,000,509.96	\$23,087.62	(\$21,696.44)	\$20,001,901.14
Medical Benefits Incurred and Paid	\$15,122,451.72	\$5,343.80	\$0.00	\$15,127,795.52
Bundled Rate of Care	\$1,182,251.33	\$1,057.84	\$0.00	\$1,183,309.17
Quality Improvement Program	\$42,363.33	\$64.53	\$0.00	\$42,427.86
Estimated Benefits Incurred but not Reported	\$2,566,489.00	\$1,015.00	\$0.00	\$2,567,504.00
Chiropractic Benefit Cost	\$100,946.66	\$147.90	\$0.00	\$101,094.56
Disease Management (DM) / Integrated Health Management (IHM)	\$313,482.68	\$349.86	\$0.00	\$313,832.54
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$157,470.50	\$0.00	\$0.00	\$157,470.50
Total Benefits	\$19,485,455.22	\$7,978.93	\$0.00	\$19,493,434.15
Estimated Gain or (Loss) for the Period	<u>\$515,054.74</u>	<u>\$15,108.69</u>	<u>(\$21,696.44)</u>	<u>\$508,466.99</u>
Total Subscribers by Tier				
Single	7,449	51		7,500
Two-party	3,439	0		3,439
Family	9,674	0		9,674
Total Subscribers	20,562	51		20,613
Total Dependents	<u>31,397</u>	<u>0</u>		<u>31,397</u>
Total Members (Subs+Deps)	51,959	51		52,010

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



**EXHIBIT III
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2024 THROUGH JUNE 30, 2024
PAID JANUARY 1, 2024 THROUGH JUNE 30, 2024**

RETIREE WITHOUT MEDICARE 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$960,930.24	\$3,038,973.55	\$971,245.52	\$3,853,903.00	\$622,656.72	\$4,814,470.10	\$661,075.30	\$459,143.92	\$645,225.60	\$440,826.16	\$1,295,715.72	\$4,063,933.44	\$6,473,505.92	\$4,303,452.78	\$394,412.74	\$28,909.78	(\$155,489.53)	\$32,872,890.96
Less Administrative Expense/Retention	(\$98,004.78)	(\$317,870.68)	(\$101,340.34)	(\$401,640.74)	(\$64,969.32)	(\$503,448.02)	(\$68,673.86)	(\$47,982.16)	(\$67,234.86)	(\$46,060.58)	(\$135,347.62)	(\$426,089.74)	(\$676,554.32)	(\$449,147.94)	(\$41,233.04)	(\$3,212.86)	\$0.00	(\$3,448,810.86)
Dues Income Available for Benefits Payments	\$862,925.46	\$2,721,102.87	\$869,905.18	\$3,452,262.26	\$557,687.40	\$4,311,022.08	\$592,401.44	\$411,161.76	\$577,990.74	\$394,765.58	\$1,160,368.10	\$3,637,843.70	\$5,796,951.60	\$3,854,304.84	\$353,179.70	\$25,696.92	(\$155,489.53)	\$29,424,080.10
Medical Benefits Incurred and Paid	\$600,678.28	\$2,482,607.60	\$1,194,940.01	\$3,573,425.93	\$515,779.10	\$2,505,332.34	\$465,602.97	\$609,436.12	\$1,007,106.56	\$213,406.49	\$1,240,432.93	\$2,811,846.69	\$4,234,281.78	\$3,340,904.65	\$148,375.31	\$4,546.02	\$0.00	\$24,948,702.78
Bundled Rate of Care	\$24,579.34	\$88,640.31	\$28,810.75	\$117,744.39	\$20,036.35	\$156,320.59	\$20,911.45	\$11,874.05	\$21,377.99	\$13,012.76	\$34,343.47	\$136,531.97	\$210,375.67	\$141,344.67	\$13,132.08	\$968.70	\$0.00	\$1,040,004.54
Quality Improvement Program	\$956.99	\$3,172.37	\$990.15	\$4,680.38	\$734.38	\$5,949.94	\$813.37	\$509.59	\$1,041.67	\$500.40	\$1,194.52	\$4,006.93	\$6,253.08	\$5,155.09	\$319.69	\$20.41	\$0.00	\$36,298.96
Estimated Benefits Incurred but not Reported	\$231,699.00	\$952,536.00	\$453,154.00	\$1,367,465.00	\$198,523.00	\$987,013.00	\$180,311.00	\$230,073.00	\$380,925.00	\$83,960.00	\$472,109.00	\$1,092,383.00	\$1,646,837.00	\$1,290,340.00	\$59,876.00	\$2,048.00	\$0.00	\$9,629,252.00
Disease Management (DM) / Integrated Health Management (IHM)	\$10,413.40	\$33,775.16	\$10,768.24	\$42,676.18	\$6,903.44	\$53,497.04	\$7,297.34	\$5,098.26	\$7,144.30	\$4,894.08	\$14,381.88	\$45,279.72	\$71,894.76	\$47,725.54	\$4,381.56	\$341.32	\$0.00	\$366,472.22
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$1,775.00	\$6,807.50	\$354.00	\$6,052.00	\$440.00	\$23,305.50	\$1,381.00	\$1,207.50	\$0.00	\$727.50	\$800.00	\$8,465.50	\$14,364.50	\$6,005.50	\$284.50	\$0.00	\$0.00	\$71,970.00
Total Benefits	\$870,102.01	\$3,567,538.94	\$1,689,017.15	\$5,112,043.88	\$742,416.27	\$3,731,418.41	\$676,317.13	\$858,198.52	\$1,417,595.52	\$316,501.23	\$1,763,261.80	\$4,098,513.81	\$6,184,006.79	\$4,831,475.45	\$226,369.14	\$7,924.45	\$0.00	\$36,092,700.50
Estimated Gain or (Loss) for the Period	(\$7,176.55)	(\$846,436.07)	(\$819,111.97)	(\$1,659,781.62)	(\$184,728.87)	\$579,603.67	(\$83,915.69)	(\$447,036.76)	(\$839,604.78)	\$78,264.35	(\$602,893.70)	(\$460,670.11)	(\$387,055.19)	(\$977,170.61)	\$126,810.56	\$17,772.47	(\$155,489.53)	(\$6,668,620.40)
Total Subscribers by Tier																		
Single	699	1,904	347	2,197	306	1,591	253	338	273	289	521	527	1,336	1,917	112	53		12,663
Two-party	275	1,277	546	1,831	286	2,136	263	157	288	197	617	1,461	2,338	2,003	158	0		13,833
Family	132	294	90	297	72	882	127	51	95	30	176	1,264	1,822	549	90	0		5,971
Total Subscribers	1,106	3,475	983	4,325	664	4,609	643	546	656	516	1,314	3,252	5,496	4,469	360	53		32,467
Total Dependents	596	2,006	756	2,508	448	4,153	574	287	490	275	1,032	4,740	7,180	3,337	410	0		28,792
Total Members (Subs+Deps)	1,702	5,481	1,739	6,833	1,112	8,762	1,217	833	1,146	791	2,346	7,992	12,676	7,806	770	53		61,259

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



**EXHIBIT III
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2024 THROUGH JUNE 30, 2024
PAID JANUARY 1, 2024 THROUGH JUNE 30, 2024**

RETIREE WITH MEDICARE 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$4,987,193.26	\$8,636,085.12	\$1,687,743.22	\$15,208,066.94	\$1,584,902.24	\$10,982,780.10	\$2,024,824.74	\$4,021,122.02	\$1,435,855.92	\$1,717,152.96	\$1,972,535.96	\$2,388,090.96	\$2,803,413.46	\$11,668,942.34	\$110,805.34	\$12,324.48	(\$320,340.72)	\$70,921,498.34
Less Administrative Expense/Retention	(\$845,475.72)	(\$1,478,034.30)	(\$288,596.60)	(\$2,603,230.54)	(\$271,107.52)	(\$1,886,549.20)	(\$346,211.68)	(\$688,682.48)	(\$245,872.52)	(\$294,767.26)	(\$338,283.88)	(\$409,850.36)	(\$480,192.16)	(\$1,998,194.16)	(\$19,213.26)	(\$2,066.88)	\$0.00	(\$12,196,328.52)
Dues Income Available for Benefits Payments	\$4,141,717.54	\$7,158,050.82	\$1,399,146.62	\$12,604,836.40	\$1,313,794.72	\$9,096,230.90	\$1,678,613.06	\$3,332,439.54	\$1,189,983.40	\$1,422,385.70	\$1,634,252.08	\$1,978,240.60	\$2,323,221.30	\$9,670,748.18	\$91,592.08	\$10,257.60	(\$320,340.72)	\$58,725,169.82
Medical Benefits Incurred and Paid	\$2,824,768.87	\$5,794,514.76	\$1,262,151.02	\$9,220,006.83	\$891,590.77	\$6,991,471.70	\$1,212,202.91	\$2,202,483.02	\$720,625.86	\$929,491.11	\$1,415,191.28	\$1,290,412.07	\$2,113,885.13	\$6,416,309.72	\$115,070.34	\$3,355.96	\$0.00	\$43,403,531.35
Bundled Rate of Care	\$303,344.22	\$590,787.80	\$119,261.17	\$1,104,080.29	\$117,123.66	\$757,931.90	\$141,917.94	\$249,029.93	\$104,883.87	\$109,753.02	\$125,060.21	\$157,001.17	\$179,881.61	\$844,148.14	\$8,129.53	\$647.24	\$0.00	\$4,912,981.70
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$12,539.78	\$21,853.26	\$4,335.28	\$45,019.86	\$4,992.77	\$31,236.00	\$6,212.92	\$11,294.51	\$4,643.91	\$4,282.67	\$5,083.47	\$6,259.40	\$7,741.05	\$35,339.78	\$314.18	\$9.24	\$0.00	\$201,158.08
Disease Management (DM) / Integrated Health Management (IHM)	\$1,224,855.00	\$2,498,791.00	\$540,442.00	\$4,043,952.00	\$395,346.00	\$3,034,449.00	\$530,530.00	\$960,495.00	\$323,760.00	\$406,975.00	\$602,681.00	\$566,932.00	\$897,588.00	\$2,845,361.00	\$48,170.00	\$1,565.00	\$0.00	\$18,921,892.00
Provider Settlements	\$120,621.64	\$210,899.14	\$41,184.78	\$371,451.56	\$38,686.18	\$269,196.12	\$49,403.58	\$98,276.12	\$35,087.68	\$42,061.90	\$48,270.70	\$58,498.00	\$68,537.24	\$285,144.94	\$2,741.94	\$294.72	\$0.00	\$1,740,356.24
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Benefits	\$9,299.00	\$6,452.00	\$1,527.50	\$14,722.00	\$2,736.00	\$20,111.00	\$4,401.00	\$21,159.00	\$1,507.00	\$4,019.50	\$761.50	\$1,618.00	\$6,458.00	\$32,898.50	\$2,400.00	\$0.00	\$0.00	\$130,070.00
Total Benefits	\$4,495,428.51	\$9,123,297.96	\$1,968,901.75	\$14,799,232.54	\$1,450,475.38	\$11,104,395.72	\$1,944,668.35	\$3,542,737.58	\$1,190,508.32	\$1,496,583.20	\$2,197,048.16	\$2,080,720.64	\$3,274,091.03	\$10,459,202.08	\$176,825.99	\$5,872.16	\$0.00	\$69,309,989.37
Estimated Gain or (Loss) for the Period	(\$353,710.97)	(\$1,965,247.14)	(\$569,755.13)	(\$2,194,396.14)	(\$136,680.66)	(\$2,008,164.82)	(\$266,055.29)	(\$210,298.04)	(\$524.92)	(\$74,197.50)	(\$562,796.08)	(\$102,480.04)	(\$950,869.73)	(\$788,453.90)	(\$85,233.91)	\$4,385.44	(\$320,340.72)	(\$10,584,819.55)
Total Subscribers by Tier																		
Single	11,842	16,765	2,599	29,973	2,892	20,749	3,484	6,727	2,246	3,220	3,571	2,427	2,943	19,695	116	48		129,297
Two-party	3,792	8,538	1,971	15,080	1,710	11,309	2,162	4,495	1,680	1,837	2,011	3,337	3,875	13,025	125	0		74,947
Family	140	320	91	381	25	356	119	176	66	16	127	204	228	461	30	0		2,740
Total Subscribers	15,774	25,623	4,661	45,434	4,627	32,414	5,765	11,398	3,992	5,073	5,709	5,968	7,046	33,181	271	48		206,984
Total Dependents	4,090	9,246	2,180	15,896	1,766	12,095	2,424	4,874	1,818	1,869	2,283	3,811	4,358	14,028	197	0		80,935
Total Members (Subs+Deps)	19,864	34,869	6,841	61,330	6,393	44,509	8,189	16,272	5,810	6,942	7,992	9,779	11,404	47,209	468	48		287,919

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



An Independent Licensee of the Blue Cross and Blue Shield Association

**EXHIBIT III-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2024 THROUGH JUNE 30, 2024
PAID JANUARY 1, 2024 THROUGH JUNE 30, 2024**

<u>RETIREE WITHOUT MEDICARE</u>				
<u>90/10 PPO MEDICAL</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$15,906.00	\$0.00	\$0.00	\$15,906.00
Less Administrative Expense/Retention	(\$1,636.80)	\$0.00	\$0.00	(\$1,636.80)
Dues Income Available for Benefits Payments	\$14,269.20	\$0.00	\$0.00	\$14,269.20
Medical Benefits Incurred and Paid	\$3,581.59	\$0.00	\$0.00	\$3,581.59
Bundled Rate of Care	\$146.35	\$0.00	\$0.00	\$146.35
Quality Improvement Program	\$6.52	\$0.00	\$0.00	\$6.52
Estimated Benefits Incurred but not Reported	\$1,382.00	\$0.00	\$0.00	\$1,382.00
Chiropractic Benefit Cost	\$90.60	\$0.00	\$0.00	\$90.60
Disease Management (DM) / Integrated Health Management (IHM)	\$184.20	\$0.00	\$0.00	\$184.20
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00
Total Benefits	\$5,391.26	\$0.00	\$0.00	\$5,391.26
Estimated Gain or (Loss) for the Period	<u>\$8,877.94</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$8,877.94</u>
Total Subscribers by Tier				
Single	30	0		30
Two-party	0	0		0
Family	0	0		0
Total Subscribers	30	0		30
Total Dependents	<u>0</u>	<u>0</u>		<u>0</u>
Total Members (Subs+Deps)	30	0		30

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



An Independent Licensee of the Blue Cross and Blue Shield Association

**EXHIBIT III-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2024 THROUGH JUNE 30, 2024
PAID JANUARY 1, 2024 THROUGH JUNE 30, 2024**

<u>RETIREE WITH MEDICARE 90/10 PPO MEDICAL</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$3,954,924.28	\$0.00	(\$14,248.40)	\$3,940,675.88
Less Administrative Expense/Retention	(\$698,350.06)	\$0.00	\$0.00	(\$698,350.06)
Dues Income Available for Benefits Payments	\$3,256,574.22	\$0.00	(\$14,248.40)	\$3,242,325.82
Medical Benefits Incurred and Paid	\$2,273,722.43	\$0.00	\$0.00	\$2,273,722.43
Bundled Rate of Care	\$304,434.55	\$0.00	\$0.00	\$304,434.55
Quality Improvement Program	\$12,575.36	\$0.00	\$0.00	\$12,575.36
Estimated Benefits Incurred but not Reported	\$1,010,386.00	\$0.00	\$0.00	\$1,010,386.00
Chiropractic Benefit Cost	\$51,641.18	\$0.00	\$0.00	\$51,641.18
Disease Management (DM) / Integrated Health Management (IHM)	\$104,203.84	\$0.00	\$0.00	\$104,203.84
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$10,647.50	\$0.00	\$0.00	\$10,647.50
Total Benefits	\$3,767,610.86	\$0.00	\$0.00	\$3,767,610.86
Estimated Gain or (Loss) for the Period	(\$511,036.64)	\$0.00	(\$14,248.40)	(\$525,285.04)
Total Subscribers by Tier				
Single	6,561	0		6,561
Two-party	5,174	0		5,174
Family	90	0		90
Total Subscribers	11,825	0		11,825
Total Dependents	5,376	0		5,376
Total Members (Subs+Deps)	17,201	0		17,201

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



EXHIBIT II
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024

ACTIVE EMPLOYEES - 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$1,211,124.16	\$3,600,159.34	\$411,142.32	\$4,997,378.38	\$344,398.48	\$4,649,529.42	\$1,245,429.92	\$4,613,055.82	\$1,747,750.00	\$991,072.80	\$1,568,408.58	\$500,060.38	\$2,413,917.34	\$6,447,183.22	\$376,931.32	\$86,929.12	(\$47,126.94)	\$35,157,343.66
Less Administrative Expense/Retention	(\$114,826.32)	(\$348,649.54)	(\$39,533.18)	(\$482,593.94)	(\$33,277.38)	(\$448,289.86)	(\$120,254.08)	(\$444,678.18)	(\$168,974.30)	(\$95,778.48)	(\$152,333.36)	(\$51,683.38)	(\$235,802.18)	(\$621,218.04)	(\$36,392.40)	(\$8,816.38)	\$0.00	(\$3,403,101.00)
Dues Income Available for Benefits Payments	\$1,096,297.84	\$3,251,509.80	\$371,609.14	\$4,514,784.44	\$311,121.10	\$4,201,239.56	\$1,125,175.84	\$4,168,377.64	\$1,578,775.70	\$895,294.32	\$1,416,075.22	\$448,377.00	\$2,178,115.16	\$5,825,965.18	\$340,538.92	\$78,112.74	(\$47,126.94)	\$31,754,242.66
Medical Benefits Incurred and Paid	\$1,686,376.90	\$3,195,538.32	\$235,882.14	\$4,684,712.88	\$173,828.65	\$3,407,806.79	\$1,026,862.33	\$2,917,208.31	\$1,405,840.51	\$708,284.03	\$693,971.80	\$412,437.32	\$1,062,794.03	\$6,137,005.32	\$141,881.52	\$94,936.73	\$0.00	\$27,985,367.58
Bundled Rate of Care	\$35,701.36	\$109,059.30	\$17,154.23	\$161,322.93	\$10,245.90	\$153,346.74	\$49,041.45	\$163,249.89	\$70,789.47	\$30,779.26	\$53,551.58	\$16,482.29	\$100,162.53	\$240,318.97	\$12,711.47	\$3,268.03	\$0.00	\$1,227,185.40
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$3,404.54	\$9,983.74	\$1,016.69	\$14,183.26	\$851.85	\$12,973.87	\$2,725.91	\$14,537.77	\$6,170.54	\$2,576.51	\$4,011.42	\$2,242.72	\$6,105.41	\$18,640.49	\$549.26	\$212.74	\$0.00	\$100,186.72
Chiropractic Benefit Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management (DM) / Integrated Health Management (IHM)	\$3,587.66	\$11,581.78	\$1,220.44	\$16,397.98	\$1,119.36	\$14,742.62	\$3,648.10	\$13,529.68	\$5,478.08	\$2,926.52	\$4,875.62	\$1,604.10	\$6,931.68	\$19,912.40	\$1,167.84	\$314.90	\$0.00	\$109,038.76
Provider Settlements	\$9,985.58	\$30,306.28	\$3,438.24	\$41,942.26	\$2,892.18	\$38,971.96	\$10,460.38	\$38,677.88	\$14,691.78	\$8,330.90	\$13,245.76	\$4,495.18	\$20,517.54	\$54,015.06	\$3,164.22	\$765.96	\$0.00	\$295,901.16
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Medical Specialty Drug Rebate**	\$13,407.50	\$15,579.00	\$0.00	\$15,763.00	\$0.00	\$62,029.00	\$1,716.00	\$73,994.00	\$17,920.00	\$3,309.00	\$7,037.00	\$9,762.00	\$2,265.00	\$34,454.50	\$0.00	\$5,760.00	\$0.00	\$262,996.00
Total Benefits	\$0.00	\$0.00	\$0.00	(\$7,383.90)	\$0.00	(\$69.84)	\$0.00	\$0.00	(\$4,091.18)	\$0.00	\$0.00	\$0.00	\$0.00	(\$11,956.06)	\$0.00	\$0.00	\$0.00	(\$23,500.98)
Total Benefits	\$1,752,463.54	\$3,372,048.42	\$258,711.74	\$4,926,938.41	\$188,937.94	\$3,689,801.14	\$1,094,454.17	\$3,221,197.53	\$1,516,799.20	\$756,206.22	\$776,693.18	\$447,023.61	\$1,198,776.19	\$6,492,390.68	\$159,474.31	\$105,258.36	\$0.00	\$29,957,174.64
Estimated Gain or (Loss) for the Period	(\$656,165.70)	(\$120,538.62)	\$112,897.40	(\$412,153.97)	\$122,183.16	\$511,438.42	\$30,721.67	\$947,180.11	\$61,976.50	\$139,088.10	\$639,382.04	\$1,353.39	\$979,338.97	(\$666,425.50)	\$181,064.61	(\$27,145.62)	(\$47,126.94)	\$1,797,068.02
Total Subscribers by Tier																		
Single	614	2,852	197	4,461	270	3,650	572	1,931	1,328	479	1,065	317	1,034	4,287	243	106		23,406
Two-party	204	471	67	585	63	451	156	797	125	126	166	41	135	764	54	5		4,210
Family	165	298	64	299	15	510	241	778	243	183	220	101	635	847	45	2		4,646
Total Subscribers	983	3,621	328	5,345	348	4,611	969	3,506	1,696	788	1,451	459	1,804	5,898	342	113		32,262
Total Dependents	568	1,345	291	1,342	108	2,028	1,003	3,012	817	598	895	303	2,200	3,161	155	11		17,837
Total Members (Subs+Deps)	1,551	4,966	619	6,687	456	6,639	1,972	6,518	2,513	1,386	2,346	762	4,004	9,059	497	124		50,099

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.
 **For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



**EXHIBIT II
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024**

ACTIVE EMPLOYEES - 80/20 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$2,714,162.36	\$17,358,959.14	\$2,421,589.06	\$23,184,543.76	\$1,851,047.58	\$12,013,310.74	\$4,134,310.52	\$9,549,192.44	\$6,010,870.20	\$2,703,776.40	\$5,055,417.76	\$2,653,545.64	\$11,212,270.30	\$22,392,061.48	\$1,926,815.72	\$325,747.42	\$48,319.02	\$125,555,939.54
Less Administrative Expense/Retention	(\$276,623.42)	(\$1,959,583.36)	(\$273,244.40)	(\$2,617,653.92)	(\$208,840.66)	(\$1,357,541.46)	(\$466,630.30)	(\$1,075,204.62)	(\$677,540.50)	(\$307,055.54)	(\$569,536.70)	(\$304,114.54)	(\$1,286,538.50)	(\$2,525,141.24)	(\$216,366.32)	(\$38,230.40)	\$0.00	(\$14,159,845.88)
Dues Income Available for Benefits Payments	\$2,437,538.94	\$15,399,375.78	\$2,148,344.66	\$20,566,889.84	\$1,642,206.92	\$10,655,769.28	\$3,667,680.22	\$8,473,987.82	\$5,333,329.70	\$2,396,720.86	\$4,485,881.06	\$2,349,431.10	\$9,925,731.80	\$19,866,920.24	\$1,710,449.40	\$287,517.02	\$48,319.02	\$111,396,093.66
Medical Benefits Incurred and Paid	\$1,720,448.80	\$14,621,777.07	\$1,888,095.29	\$22,587,243.31	\$3,438,553.93	\$7,874,526.71	\$2,916,676.96	\$8,818,022.74	\$3,229,470.17	\$2,011,621.40	\$3,844,483.33	\$1,273,307.44	\$6,892,704.13	\$18,738,136.33	\$1,273,079.71	\$605,672.58	\$0.00	\$101,733,819.90
Bundled Rate of Care	\$111,696.01	\$717,327.12	\$115,583.69	\$1,025,304.57	\$87,217.11	\$539,157.41	\$219,240.92	\$463,384.05	\$298,658.10	\$127,449.22	\$221,642.73	\$144,427.49	\$655,873.15	\$1,119,455.12	\$96,317.64	\$15,542.64	\$0.00	\$5,958,276.97
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$8,706.19	\$64,659.66	\$9,070.80	\$99,361.08	\$10,178.02	\$41,038.17	\$16,851.58	\$34,745.91	\$16,908.03	\$10,317.38	\$20,484.40	\$11,603.38	\$40,596.58	\$87,548.50	\$8,897.24	\$1,325.99	\$0.00	\$482,292.91
Chiropractic Benefit Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management (DM) / Integrated Health Management (IHM)	\$9,744.70	\$71,906.16	\$9,315.36	\$100,104.02	\$7,756.70	\$50,079.92	\$15,595.82	\$37,024.72	\$24,647.92	\$10,628.40	\$20,361.38	\$10,211.88	\$41,784.00	\$90,227.72	\$7,390.82	\$1,477.30	\$0.00	\$508,256.82
Provider Settlements	\$28,386.26	\$201,026.02	\$28,045.76	\$268,453.16	\$21,422.08	\$139,262.64	\$47,902.12	\$110,350.74	\$69,512.08	\$31,513.04	\$58,437.44	\$31,218.40	\$132,096.20	\$259,097.24	\$22,207.76	\$3,920.54	\$0.00	\$1,452,851.48
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Medical Specialty Drug Rebate**	\$15,582.50	\$41,908.00	\$901.00	\$87,820.00	\$6,161.00	\$130,219.50	\$36,389.00	\$145,480.00	\$70,483.50	\$12,268.00	\$2,972.50	\$6,753.00	\$25,761.00	\$214,513.50	\$11,011.00	\$15,870.00	\$0.00	\$824,093.50
Total Benefits	\$0.00	(\$14,469.10)	(\$104.76)	(\$56,106.39)	(\$5,089.91)	(\$18,027.56)	\$0.00	(\$14,741.42)	(\$9,954.67)	(\$7,364.12)	(\$11,455.30)	\$0.00	\$0.00	(\$23,181.64)	(\$3,691.95)	\$0.00	\$0.00	(\$164,186.82)
Total Benefits	\$1,894,564.46	\$15,704,134.93	\$2,050,907.14	\$24,112,179.75	\$3,566,198.93	\$8,756,256.79	\$3,252,656.40	\$9,594,266.74	\$3,699,725.13	\$2,196,433.32	\$4,156,926.48	\$1,477,521.59	\$7,788,815.06	\$20,485,796.77	\$1,415,212.22	\$643,809.05	\$0.00	\$110,795,404.76
Estimated Gain or (Loss) for the Period	\$542,974.48	(\$304,759.15)	\$97,437.52	(\$3,545,289.91)	(\$1,923,992.01)	\$1,899,512.49	\$415,023.82	(\$1,120,278.92)	\$1,633,604.57	\$200,287.54	\$328,954.58	\$871,909.51	\$2,136,916.74	(\$618,876.53)	\$295,237.18	(\$356,292.03)	\$48,319.02	\$600,688.90
Total Subscribers by Tier																		
Single	1,431	13,064	1,004	22,716	1,453	10,417	1,623	4,223	4,737	1,385	3,111	1,239	3,405	14,910	896	396		86,010
Two-party	481	3,927	508	4,893	468	1,727	596	2,164	903	511	1,176	271	1,265	4,098	323	28		23,339
Family	629	3,101	728	2,716	272	2,486	1,486	2,647	1,358	782	1,096	1,002	4,740	5,374	606	53		29,076
Total Subscribers	2,541	20,092	2,240	30,325	2,193	14,630	3,705	9,034	6,998	2,678	5,383	2,512	9,410	24,382	1,825	477		138,425
Total Dependents	2,131	12,285	2,730	12,071	1,222	8,943	5,082	9,529	4,571	2,836	4,340	3,374	16,805	18,942	2,228	185		107,274
Total Members (Subs+Deps)	4,672	32,377	4,970	42,396	3,415	23,573	8,787	18,563	11,569	5,514	9,723	5,886	26,215	43,324	4,053	662		245,699

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.
**For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



EXHIBIT II
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024

ACTIVE EMPLOYEES - 75/25 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$3,208,648.44	\$19,713,944.16	\$1,796,791.16	\$24,064,471.68	\$1,578,730.88	\$21,326,615.12	\$2,640,206.72	\$6,081,710.36	\$7,255,426.08	\$3,904,984.24	\$6,618,412.08	\$9,646,598.40	\$7,482,554.56	\$24,882,829.24	\$2,154,573.04	\$445,743.34	\$793,192.08	\$143,595,431.58
Less Administrative Expense/Retention	(\$433,505.04)	(\$2,933,161.18)	(\$266,394.64)	(\$3,576,235.86)	(\$235,429.98)	(\$3,177,221.60)	(\$394,756.68)	(\$903,517.60)	(\$1,076,868.26)	(\$581,574.36)	(\$985,752.90)	(\$1,456,621.60)	(\$1,124,453.50)	(\$3,696,357.78)	(\$320,726.24)	(\$70,192.68)	\$0.00	(\$21,232,769.90)
Dues Income Available for Benefits Payments	\$2,775,143.40	\$16,780,782.98	\$1,530,396.52	\$20,488,235.82	\$1,343,300.90	\$18,149,393.52	\$2,245,450.04	\$5,178,192.76	\$6,178,557.82	\$3,323,409.88	\$5,632,659.18	\$8,189,976.80	\$6,358,101.06	\$21,186,471.46	\$1,833,846.80	\$375,550.66	\$793,192.08	\$122,362,661.68
Medical Benefits Incurred and Paid	\$2,113,018.74	\$14,319,816.09	\$1,077,597.86	\$22,804,816.79	\$1,378,147.04	\$16,977,649.38	\$1,893,860.34	\$4,880,410.25	\$6,821,028.87	\$3,589,124.66	\$5,774,589.54	\$6,654,586.20	\$6,481,251.29	\$19,647,037.29	\$1,300,870.44	\$1,571,497.22	\$0.00	\$117,285,302.00
Bundled Rate of Care	\$199,390.23	\$1,230,054.05	\$124,250.76	\$1,544,274.38	\$108,972.64	\$1,487,799.23	\$217,110.56	\$444,798.38	\$478,704.99	\$255,433.52	\$435,005.69	\$818,985.36	\$634,438.65	\$1,846,023.52	\$131,435.58	\$31,256.68	\$0.00	\$9,987,934.22
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$18,545.55	\$95,114.70	\$7,668.82	\$132,419.75	\$11,580.30	\$98,795.04	\$15,244.44	\$29,237.14	\$27,064.14	\$23,313.65	\$37,324.90	\$51,969.34	\$62,571.64	\$148,333.17	\$8,265.94	\$1,523.21	\$0.00	\$768,971.73
Chiropractic Benefit Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management (DM) / Integrated Health Management (IHM)	\$17,967.56	\$124,533.58	\$10,674.16	\$156,609.70	\$9,720.60	\$131,103.68	\$15,296.56	\$35,833.64	\$46,528.66	\$22,918.80	\$40,504.02	\$56,152.32	\$43,106.48	\$153,243.44	\$13,362.34	\$3,202.60	\$0.00	\$880,758.14
Provider Settlements	\$54,933.68	\$371,604.52	\$33,765.92	\$452,954.36	\$29,833.84	\$402,637.44	\$50,051.68	\$114,533.36	\$136,413.08	\$73,728.16	\$124,921.88	\$184,698.24	\$142,585.60	\$468,399.04	\$40,640.60	\$8,887.60	\$0.00	\$2,690,589.00
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Medical Specialty Drug Rebate**	\$81,787.50	\$44,382.50	\$4,975.00	\$151,766.00	\$11,872.00	\$309,281.50	\$17,945.00	\$174,060.00	\$170,122.50	\$21,701.50	\$42,383.00	\$124,145.50	\$47,117.00	\$332,744.00	\$16,209.00	\$25,384.00	\$0.00	\$1,575,876.00
Total Benefits	\$0.00	(\$86.54)	\$0.00	(\$7,798.98)	\$0.00	(\$14,529.25)	\$0.00	(\$2,580.19)	(\$6,143.36)	\$0.00	(\$8,268.65)	(\$3,691.95)	(\$14,329.01)	(\$22,663.53)	\$0.00	(\$5,443.47)	\$0.00	(\$85,534.93)
Total Benefits	\$2,485,643.26	\$16,185,418.90	\$1,258,932.52	\$25,235,042.00	\$1,550,126.42	\$19,392,737.02	\$2,209,508.58	\$5,676,292.58	\$7,673,718.88	\$3,986,220.29	\$6,446,460.38	\$7,886,845.01	\$7,396,741.65	\$22,573,116.93	\$1,510,783.90	\$1,636,307.84	\$0.00	\$133,103,896.16
Estimated Gain or (Loss) for the Period	\$289,500.14	\$595,364.08	\$271,464.00	(\$4,746,806.18)	(\$206,825.52)	(\$1,243,343.50)	\$35,941.46	(\$498,099.82)	(\$1,495,161.06)	(\$662,810.41)	(\$813,801.20)	\$303,131.79	(\$1,038,640.59)	(\$1,386,645.47)	\$323,062.90	(\$1,260,757.18)	\$793,192.08	(\$10,741,234.48)
Total Subscribers by Tier																		
Single	2,443	18,592	880	28,652	1,149	18,146	1,064	2,820	8,601	1,947	4,845	4,253	2,949	20,581	1,893	812		119,627
Two-party	781	6,728	648	8,004	550	4,826	590	1,930	1,713	949	2,045	1,533	1,224	6,942	576	68		39,107
Family	1,352	7,347	900	7,177	693	10,536	1,702	3,316	2,717	2,322	3,093	6,680	5,233	11,387	974	130		65,559
Total Subscribers	4,576	32,667	2,428	43,833	2,392	33,508	3,356	8,066	13,031	5,218	9,983	12,466	9,406	38,910	3,443	1,010		224,293
Total Dependents	4,584	28,127	3,252	27,885	2,494	35,697	5,720	10,936	9,308	7,544	11,548	22,831	17,778	38,600	3,466	486		230,256
Total Members (Subs+Deps)	9,160	60,794	5,680	71,718	4,886	69,205	9,076	19,002	22,339	12,762	21,531	35,297	27,184	77,510	6,909	1,496		454,549

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.
 **For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



EXHIBIT II
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024

ACTIVE HMO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$166,596.90	\$1,149,385.12	\$218,336.34	\$1,461,484.28	\$129,082.50	\$1,216,801.72	\$191,225.64	\$718,968.82	\$517,466.90	\$259,234.24	\$564,323.84	\$150,695.16	\$1,061,126.02	\$1,846,655.20	\$168,289.86	\$0.00	(\$12,022.76)	\$9,807,649.78
Less Administrative Expense/Retention	(\$15,264.56)	(\$107,383.90)	(\$20,678.50)	(\$138,104.86)	(\$12,086.08)	(\$115,531.48)	(\$18,113.32)	(\$67,573.76)	(\$48,510.42)	(\$24,308.50)	(\$52,903.10)	(\$14,097.16)	(\$99,599.30)	(\$173,893.04)	(\$15,891.50)	(\$415.56)	\$0.00	(\$924,355.04)
Dues Income Available for Benefits Payments	\$151,332.34	\$1,042,001.22	\$197,657.84	\$1,323,379.42	\$116,996.42	\$1,101,270.24	\$173,112.32	\$651,395.06	\$468,956.48	\$234,925.74	\$511,420.74	\$136,598.00	\$961,526.72	\$1,672,762.16	\$152,398.36	(\$415.56)	(\$12,022.76)	\$8,883,294.74
Medical Benefits Incurred and Paid	\$126,931.13	\$2,057,998.73	\$62,662.60	\$1,775,147.40	\$39,401.77	\$1,081,210.07	\$39,091.79	\$272,253.89	\$583,559.47	\$74,983.51	\$734,083.01	\$23,312.80	\$466,956.10	\$1,575,978.84	\$37,844.23	\$783.89	\$0.00	\$8,952,199.23
Bundled Rate of Care	\$5,577.95	\$40,931.70	\$6,251.19	\$51,135.73	\$4,999.78	\$43,833.03	\$8,048.82	\$26,761.32	\$18,652.23	\$6,953.99	\$20,230.37	\$6,260.29	\$44,566.74	\$66,487.28	\$6,394.68	\$62.00	\$0.00	\$357,147.10
Quality Improvement Program Estimated Benefits Incurred but not Reported	\$959.18	\$7,295.04	\$1,245.97	\$8,405.29	\$458.17	\$8,896.89	\$1,014.37	\$3,602.19	\$2,819.93	\$969.16	\$6,073.86	\$688.21	\$5,761.47	\$10,418.95	\$1,109.43	\$18.61	\$0.00	\$59,736.72
Chiropractic Benefit Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Disease Management (DM) / Integrated Health Management (IHM)	\$510.84	\$3,660.76	\$688.94	\$4,874.94	\$409.40	\$4,010.72	\$576.78	\$2,112.02	\$1,581.56	\$758.50	\$1,765.06	\$396.68	\$2,935.36	\$5,589.08	\$512.38	\$15.72	\$0.00	\$30,398.74
Provider Settlements	\$1,367.72	\$9,619.42	\$1,852.54	\$12,368.68	\$1,082.74	\$10,348.54	\$1,623.46	\$6,057.14	\$4,347.00	\$2,178.94	\$4,740.08	\$1,264.48	\$8,931.08	\$15,583.94	\$1,424.12	\$37.20	\$0.00	\$82,827.08
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$2,552.00	\$0.00	\$20,015.50	\$1,367.50	\$9,235.00	\$2,917.50	\$410.00	\$0.00	\$0.00	\$7,022.50	\$15,387.00	\$0.00	\$0.00	\$0.00	\$58,907.00
HMSA Medical Specialty Drug Rebate**	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$1,227.36)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$10,205.48)	\$0.00	\$0.00	\$0.00	(\$11,432.84)
Total Benefits	\$135,346.82	\$2,119,505.65	\$72,701.24	\$1,854,484.04	\$46,351.86	\$1,167,087.39	\$51,722.72	\$320,021.56	\$613,877.69	\$86,254.10	\$766,892.38	\$31,922.46	\$536,173.25	\$1,679,239.61	\$47,284.84	\$917.42	\$0.00	\$9,529,783.03
Estimated Gain or (Loss) for the Period	\$15,985.52	(\$1,077,504.43)	\$124,956.60	(\$531,104.62)	\$70,644.56	(\$65,817.15)	\$121,389.60	\$331,373.50	(\$144,921.21)	\$148,671.64	(\$255,471.64)	\$104,675.54	\$425,353.47	(\$6,477.45)	\$105,113.52	(\$1,332.98)	(\$12,022.76)	(\$646,488.29)
Total Subscribers by Tier																		
Single	140	891	128	1,429	101	1,157	118	372	328	126	445	26	310	1,065	97	6		6,739
Two-party	0	166	55	136	15	73	12	64	63	29	32	12	117	239	24	0		1,037
Family	26	83	12	76	12	108	37	145	71	50	78	48	273	280	24	0		1,323
Total Subscribers	166	1,140	195	1,641	128	1,338	167	581	462	205	555	86	700	1,584	145	6		9,099
Total Dependents	76	437	79	393	39	419	111	426	244	159	328	156	1,054	1,004	132	0		5,057
Total Members (Subs+Deps)	242	1,577	274	2,034	167	1,757	278	1,007	706	364	883	242	1,754	2,588	277	6		14,156

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.
 **For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



An Independent Licensee of the Blue Cross and Blue Shield Association

**EXHIBIT II-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024**

<u>ACTIVE EMPLOYEES - 90/10 PPO</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$9,820,526.20	\$5,106.15	(\$5,031.62)	\$9,820,600.73
Less Administrative Expense/Retention	(\$1,132,068.62)	(\$683.74)	\$0.00	(\$1,132,752.36)
Dues Income Available for Benefits Payments	\$8,688,457.58	\$4,422.41	(\$5,031.62)	\$8,687,848.37
Medical Benefits Incurred and Paid	\$8,888,427.85	\$224.36	\$0.00	\$8,888,652.21
Bundled Rate of Care	\$522,908.85	\$259.60	\$0.00	\$523,168.45
Quality Improvement Program	\$41,929.55	\$10.91	\$0.00	\$41,940.46
Estimated Benefits Incurred but not Reported	\$0.00	\$0.00	\$0.00	\$0.00
Chiropractic Benefit Cost	\$41,689.12	\$28.32	\$0.00	\$41,717.44
Disease Management (DM) / Integrated Health Management (IHM)	\$118,745.72	\$71.64	\$0.00	\$118,817.36
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$65,159.50	\$0.00	\$0.00	\$65,159.50
HMSA Medical Specialty Drug Rebate**	(\$2,277.89)	\$0.00	\$0.00	(\$2,277.89)
Total Benefits	\$9,676,582.70	\$594.83	\$0.00	\$9,677,177.53
Estimated Gain or (Loss) for the Period	(\$988,125.12)	\$3,827.58	(\$5,031.62)	(\$989,329.16)
Total Subscribers by Tier				
Single	5,848	8		5,856
Two-party	1,408	0		1,408
Family	2,949	1		2,950
Total Subscribers	10,205	9		10,214
Total Dependents	9,945	2		9,947
Total Members (Subs+Deps)	20,150	11		20,161

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.

**For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



An Independent Licensee of the Blue Cross and Blue Shield Association

**EXHIBIT II-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JULY 1, 2022 THROUGH JUNE 30, 2023
PAID JULY 1, 2022 THROUGH JUNE 30, 2024**

ACTIVE EMPLOYEES - 80/20 PPO	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$21,135,232.98	\$41,825.77	(\$52,552.82)	\$21,124,505.93
Less Administrative Expense/Retention	(\$2,810,360.66)	(\$5,828.98)	\$0.00	(\$2,816,189.64)
Dues Income Available for Benefits Payments	\$18,324,872.32	\$35,996.79	(\$52,552.82)	\$18,308,316.29
Medical Benefits Incurred and Paid	\$17,187,215.29	\$80,769.40	\$0.00	\$17,267,984.69
Bundled Rate of Care	\$1,450,616.17	\$2,222.48	\$0.00	\$1,452,838.65
Quality Improvement Program	\$114,141.71	\$144.66	\$0.00	\$114,286.37
Estimated Benefits Incurred but not Reported	\$0.00	\$0.00	\$0.00	\$0.00
Chiropractic Benefit Cost	\$103,727.96	\$277.84	\$0.00	\$104,005.80
Disease Management (DM) / Integrated Health Management (IHM)	\$328,429.80	\$679.92	\$0.00	\$329,109.72
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$192,813.00	\$0.00	\$0.00	\$192,813.00
HMSA Medical Specialty Drug Rebate**	(\$18,706.16)	\$0.00	\$0.00	(\$18,706.16)
Total Benefits	\$19,358,237.77	\$84,094.30	\$0.00	\$19,442,332.07
Estimated Gain or (Loss) for the Period	(\$1,033,365.45)	(\$48,097.51)	(\$52,552.82)	(\$1,134,015.78)
Total Subscribers by Tier				
Single	7,748	95		7,843
Two-party	3,482	0		3,482
Family	10,575	2		10,577
Total Subscribers	21,805	97		21,902
Total Dependents	34,169	8		34,177
Total Members (Subs+Deps)	55,974	105		56,079

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.

**For drug rebates incurred July 2022 through June 2023, paid through December 2023. This amount will be updated at the time of the Final Reconciliation.



**EXHIBIT IV
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2023 THROUGH DECEMBER 31, 2023
PAID JANUARY 1, 2023 THROUGH JUNE 30, 2024**

RETIREE WITHOUT MEDICARE 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$1,855,868.94	\$5,587,169.92	\$1,728,603.60	\$7,415,829.50	\$1,092,707.79	\$9,043,400.03	\$1,117,272.12	\$911,197.76	\$1,074,234.84	\$885,128.42	\$2,361,191.86	\$7,453,435.50	\$11,719,475.16	\$7,783,703.66	\$715,997.74	\$56,994.42	(\$471,735.85)	\$60,330,475.41
Less Administrative Expense/Retention	(\$197,725.30)	(\$607,384.02)	(\$186,819.10)	(\$803,164.90)	(\$118,171.00)	(\$980,657.90)	(\$120,677.10)	(\$99,387.48)	(\$117,321.32)	(\$95,904.92)	(\$254,627.22)	(\$808,911.04)	(\$1,272,929.40)	(\$841,739.82)	(\$77,916.32)	(\$6,050.10)	\$0.00	(\$6,589,386.94)
Dues Income Available for Benefits Payments	\$1,658,143.64	\$4,979,785.90	\$1,541,784.50	\$6,612,664.60	\$974,536.79	\$8,062,742.13	\$996,595.02	\$811,810.28	\$956,913.52	\$789,223.50	\$2,106,564.64	\$6,644,524.46	\$10,446,545.76	\$6,941,963.84	\$638,081.42	\$50,944.32	(\$471,735.85)	\$53,741,088.47
Medical Benefits Incurred and Paid	\$2,452,457.43	\$6,126,613.06	\$1,872,263.23	\$8,554,418.91	\$910,761.38	\$8,178,445.47	\$774,311.71	\$923,830.40	\$1,178,623.75	\$702,026.54	\$2,044,277.61	\$4,698,020.68	\$9,837,930.81	\$7,096,995.55	\$393,661.63	\$18,562.75	\$0.00	\$55,763,200.91
Bundled Rate of Care	\$73,127.62	\$240,068.83	\$79,082.92	\$335,999.16	\$51,389.90	\$442,213.64	\$53,096.98	\$35,655.76	\$53,375.18	\$36,272.40	\$89,227.68	\$375,600.97	\$570,476.91	\$381,601.95	\$35,370.69	\$2,594.36	\$0.00	\$2,855,154.95
Quality Improvement Program	\$3,769.20	\$12,401.88	\$3,782.74	\$18,008.90	\$2,454.35	\$21,741.76	\$2,400.31	\$2,092.21	\$2,905.44	\$1,988.21	\$4,536.28	\$15,915.02	\$23,321.15	\$19,442.77	\$1,145.69	\$99.66	\$0.00	\$136,005.57
Estimated Benefits Incurred but not Reported	\$63,234.00	\$159,477.00	\$48,878.00	\$222,711.00	\$24,115.00	\$216,060.00	\$20,745.00	\$24,039.00	\$30,873.00	\$18,507.00	\$53,451.00	\$127,238.00	\$260,793.00	\$187,451.00	\$10,754.00	\$531.00	\$0.00	\$1,468,857.00
Disease Management (DM) / Integrated Health Management (IHM)	\$21,690.64	\$66,633.90	\$20,496.40	\$88,113.70	\$12,964.42	\$107,586.56	\$13,239.06	\$10,903.08	\$12,871.10	\$10,521.56	\$27,934.92	\$88,743.52	\$139,649.10	\$92,345.94	\$8,547.98	\$663.60	\$0.00	\$722,905.48
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$5,550.00	\$9,360.50	\$1,381.00	\$17,228.00	\$2,696.00	\$78,408.00	\$7,216.00	\$0.00	\$1,486.00	\$3,770.00	\$2,766.50	\$33,831.00	\$45,731.50	\$30,724.50	\$0.00	\$0.00	\$0.00	\$240,149.00
Total Benefits	\$2,619,828.89	\$6,614,555.17	\$2,025,884.29	\$9,236,479.67	\$1,004,381.05	\$9,044,455.43	\$871,009.06	\$996,520.45	\$1,280,134.47	\$773,085.71	\$2,222,193.99	\$5,339,349.19	\$10,877,902.47	\$7,808,561.71	\$449,479.99	\$22,451.37	\$0.00	\$61,186,272.91
Estimated Gain or (Loss) for the Period	(\$961,685.25)	(\$1,634,769.27)	(\$484,099.79)	(\$2,623,815.07)	(\$29,844.26)	(\$981,713.30)	\$125,585.96	(\$184,710.17)	(\$323,220.95)	\$16,137.79	(\$115,629.35)	\$1,305,175.27	(\$431,356.71)	(\$866,597.87)	\$188,601.43	\$28,492.95	(\$471,735.85)	(\$7,445,184.44)
Total Subscribers by Tier																		
Single	1,471	3,812	695	4,650	575	3,231	438	750	517	604	1,027	1,050	2,623	3,728	233	105		25,509
Two-party	591	2,672	1,070	3,870	578	4,354	469	355	532	476	1,210	2,977	4,685	3,898	309	0		28,046
Family	280	527	160	605	121	1,836	257	98	167	46	358	2,488	3,579	1,137	179	0		11,838
Total Subscribers	2,342	7,011	1,925	9,125	1,274	9,421	1,164	1,203	1,216	1,126	2,595	6,515	10,887	8,763	721	105		65,393
Total Dependents	1,307	3,953	1,460	5,262	856	8,468	1,073	594	882	598	2,054	9,490	14,191	6,664	862	0		57,714
Total Members (Subs+Deps)	3,649	10,964	3,385	14,387	2,130	17,889	2,237	1,797	2,098	1,724	4,649	16,005	25,078	15,427	1,583	105		123,107

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



**EXHIBIT IV
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2023 THROUGH DECEMBER 31, 2023
PAID JANUARY 1, 2023 THROUGH JUNE 30, 2024**

RETIREE WITH MEDICARE 90/10 PPO	Elected, Appointed & Other 00	UPW 01	HGEA 02	HGEA 03	HGEA 04	HSTA 05	HGEA 06	UHPA 07	HGEA 08	HGEA 09	UPW 10	HFFA 11	SHOPO 12	HGEA 13	HGEA 14	COBRA	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$9,863,508.78	\$16,479,118.68	\$3,166,425.00	\$28,746,149.88	\$3,013,269.14	\$20,713,165.10	\$3,872,721.60	\$7,572,271.34	\$2,680,890.48	\$3,201,002.60	\$3,688,083.68	\$4,423,409.70	\$5,142,254.34	\$21,651,522.72	\$172,520.38	\$22,999.06	(\$1,249,912.21)	\$133,159,400.27
Less Administrative Expense/Retention Dues Income Available for Benefits Payments	(\$1,707,416.16)	(\$2,874,916.34)	(\$552,187.04)	(\$5,016,378.46)	(\$525,603.00)	(\$3,624,126.88)	(\$674,944.60)	(\$1,322,511.52)	(\$467,442.00)	(\$559,078.86)	(\$644,852.10)	(\$774,149.40)	(\$897,099.74)	(\$3,780,895.50)	(\$30,118.10)	(\$4,027.44)	\$0.00	(\$23,455,747.14)
	\$8,156,092.62	\$13,604,202.34	\$2,614,237.96	\$23,729,771.42	\$2,487,666.14	\$17,089,038.22	\$3,197,777.00	\$6,249,759.82	\$2,213,448.48	\$2,641,923.74	\$3,043,231.58	\$3,649,260.30	\$4,245,154.60	\$17,870,627.22	\$142,402.28	\$18,971.62	(\$1,249,912.21)	\$109,703,653.13
Medical Benefits Incurred and Paid	\$7,752,865.51	\$13,442,116.07	\$2,551,793.58	\$21,047,225.75	\$2,021,695.36	\$16,661,381.41	\$2,911,658.15	\$5,730,476.15	\$1,864,984.06	\$3,224,950.51	\$3,654,838.15	\$3,210,911.33	\$4,669,723.27	\$14,275,667.41	\$194,633.42	\$138,404.21	\$0.00	\$103,353,324.34
Bundled Rate of Care	\$874,057.52	\$1,593,539.12	\$321,587.73	\$3,032,497.08	\$320,081.02	\$2,086,523.45	\$397,597.14	\$684,407.46	\$281,277.99	\$300,530.14	\$328,403.73	\$418,361.98	\$471,928.15	\$2,275,550.10	\$18,435.79	\$2,136.83	\$0.00	\$13,406,915.23
Quality Improvement Program	\$46,393.85	\$80,497.99	\$16,146.60	\$156,890.30	\$17,527.21	\$110,013.11	\$21,738.04	\$39,143.33	\$15,629.67	\$15,629.72	\$18,238.49	\$21,965.65	\$26,582.89	\$120,208.28	\$938.99	\$62.25	\$0.00	\$707,606.37
Estimated Benefits Incurred but not Reported	\$112,753.00	\$196,510.00	\$37,564.00	\$315,076.00	\$30,671.00	\$245,153.00	\$43,303.00	\$83,902.00	\$28,105.00	\$46,034.00	\$52,019.00	\$47,466.00	\$67,187.00	\$216,729.00	\$2,782.00	\$1,828.00	\$0.00	\$1,527,082.00
Disease Management (DM) / Integrated Health Management (IHM)	\$248,425.92	\$418,319.58	\$80,350.48	\$729,914.42	\$76,479.80	\$527,337.16	\$98,211.40	\$192,440.44	\$68,018.80	\$81,350.42	\$93,831.70	\$112,655.60	\$130,547.18	\$550,162.10	\$4,382.70	\$585.88	\$0.00	\$3,413,013.58
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$22,076.50	\$13,243.50	\$6,400.00	\$29,686.00	\$7,770.00	\$46,735.50	\$2,307.00	\$62,943.00	\$4,906.00	\$4,510.00	\$2,460.00	\$7,738.50	\$15,805.50	\$85,806.50	\$5,920.00	\$0.00	\$0.00	\$318,308.00
Total Benefits	\$9,056,572.30	\$15,744,226.26	\$3,013,842.39	\$25,311,289.55	\$2,474,224.39	\$19,677,143.63	\$3,474,814.73	\$6,793,312.38	\$2,262,921.52	\$3,673,004.79	\$4,149,791.07	\$3,819,099.06	\$5,381,773.99	\$17,524,123.39	\$227,092.90	\$143,017.17	\$0.00	\$122,726,249.52
Estimated Gain or (Loss) for the Period	(\$900,479.68)	(\$2,140,023.92)	(\$399,604.43)	(\$1,581,518.13)	\$13,441.75	(\$2,588,105.41)	(\$277,037.73)	(\$543,552.56)	(\$49,473.04)	(\$1,031,081.05)	(\$1,106,559.49)	(\$169,838.76)	(\$1,136,619.39)	\$346,503.83	(\$84,690.62)	(\$124,045.55)	(\$1,249,912.21)	(\$13,022,596.39)
Total Subscribers by Tier																		
Single	25,088	33,448	5,108	59,390	5,792	41,367	6,922	13,165	4,416	6,318	6,937	4,737	5,611	38,114	204	97		256,714
Two-party	7,754	17,371	3,901	30,300	3,447	22,451	4,413	9,051	3,332	3,613	4,035	6,592	7,553	25,809	180	0		149,802
Family	318	668	203	817	51	745	253	361	120	36	252	366	440	912	59	0		5,601
Total Subscribers	33,160	51,487	9,212	90,507	9,290	64,563	11,588	22,577	7,868	9,967	11,224	11,695	13,604	64,835	443	97		412,117
Total Dependents	8,438	18,880	4,361	32,064	3,561	24,067	4,972	9,826	3,584	3,685	4,577	7,456	8,471	27,798	327	0		162,067
Total Members (Subs+Deps)	41,598	70,367	13,573	122,571	12,851	88,630	16,560	32,403	11,452	13,652	15,801	19,151	22,075	92,633	770	97		574,184

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



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**EXHIBIT IV-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2023 THROUGH DECEMBER 31, 2023
PAID JANUARY 1, 2023 THROUGH JUNE 30, 2024**

<u>RETIREE WITHOUT MEDICARE 90/10 PPO MEDICAL</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$38,401.94	\$0.00	(\$6,467.32)	\$31,934.62
Less Administrative Expense/Retention	(\$3,837.52)	\$0.00	\$0.00	(\$3,837.52)
Dues Income Available for Benefits Payments	\$34,564.42	\$0.00	(\$6,467.32)	\$28,097.10
Medical Benefits Incurred and Paid	\$4,354.89	\$0.00	\$0.00	\$4,354.89
Bundled Rate of Care	\$622.10	\$0.00	\$0.00	\$622.10
Quality Improvement Program	\$37.76	\$0.00	\$0.00	\$37.76
Estimated Benefits Incurred but not Reported	\$125.00	\$0.00	\$0.00	\$125.00
Chiropractic Benefit Cost	\$214.60	\$0.00	\$0.00	\$214.60
Disease Management (DM) / Integrated Health Management (IHM)	\$444.28	\$0.00	\$0.00	\$444.28
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$0.00	\$0.00	\$0.00	\$0.00
Total Benefits	\$5,798.63	\$0.00	\$0.00	\$5,798.63
Estimated Gain or (Loss) for the Period	<u>\$28,765.79</u>	<u>\$0.00</u>	<u>(\$6,467.32)</u>	<u>\$22,298.47</u>
Total Subscribers by Tier				
Single	66	0		66
Two-party	4	0		4
Family	0	0		0
Total Subscribers	70	0		70
Total Dependents	4	0		4
Total Members (Subs+Deps)	74	0		74

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**EXHIBIT IV-A
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB
HMSA SUMMARY OF ESTIMATED FINANCIAL OPERATIONS BY BARGAINING UNIT
INSURED / RISK SHARING
FOR SERVICES INCURRED JANUARY 1, 2023 THROUGH DECEMBER 31, 2023
PAID JANUARY 1, 2023 THROUGH JUNE 30, 2024**

<u>RETIREE WITH MEDICARE 90/10 PPO</u>				
<u>MEDICAL</u>	HSTA VB 05	HSTA VB COBRA 05	RETRO PREMIUMS	TOTAL
Total Dues Income*	\$7,582,624.12	\$0.00	(\$67,195.94)	\$7,515,428.18
Less Administrative Expense/Retention	(\$1,388,911.08)	\$0.00	\$0.00	(\$1,388,911.08)
Dues Income Available for Benefits				
Payments	\$6,193,713.04	\$0.00	(\$67,195.94)	\$6,126,517.10
Medical Benefits Incurred and Paid	\$6,171,726.23	\$0.00	\$0.00	\$6,171,726.23
Bundled Rate of Care	\$863,963.49	\$0.00	\$0.00	\$863,963.49
Quality Improvement Program	\$45,077.71	\$0.00	\$0.00	\$45,077.71
Estimated Benefits Incurred but not Reported	\$92,050.00	\$0.00	\$0.00	\$92,050.00
Chiropractic Benefit Cost	\$101,901.84	\$0.00	\$0.00	\$101,901.84
Disease Management (DM) / Integrated Health Management (IHM)	\$209,940.42	\$0.00	\$0.00	\$209,940.42
Provider Settlements	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Online Care	\$29,440.50	\$0.00	\$0.00	\$29,440.50
Total Benefits	\$7,514,100.19	\$0.00	\$0.00	\$7,514,100.19
Estimated Gain or (Loss) for the Period	(\$1,320,387.15)	\$0.00	(\$67,195.94)	(\$1,387,583.09)
Total Subscribers by Tier				
Single	13,223	0		13,223
Two-party	10,745	0		10,745
Family	201	0		201
Total Subscribers	24,169	0		24,169
Total Dependents	11,198	0		11,198
Total Members (Subs+Deps)	35,367	0		35,367

*Dues income is the actual payment received as reported on the HMSA Carrier Payment report provided by the EUTF for non-COBRA and billed revenue for COBRA.



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Memorandum

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

From: Stephen Murphy *sm*

Date: September 13, 2024

Re: Performance Guarantee Reporting for the Second Quarter of 2024

Segal has prepared a summary of the performance guarantee reporting by EUTF's vendors through the second quarter of 2024.

Verdegard (formerly HMA) and Securian met all second quarter 2024 performance guarantees.

Below is a summary of the missed second quarter 2024 performance guarantees from all carriers, as well as an update on the expected receipt of vendor penalty payments as of the date Board of Trustees meeting materials are distributed.

Guarantee	Target	Result	Frequency	Amount at Risk per EE/Ret per Period	Penalty Amount	Actual/Expected Receipt Date
HMSA						
Average Speed of Answer	100% within 20 secs	Not Met (155.48 secs)	Quarterly	\$1.00	\$313,608.00	8/8/2024
Call Abandonment	Below 3%	7.80%	Quarterly	\$1.00		
Claims Accuracy	99%	94.37%	Quarterly	\$1.00		
Coding Accuracy	99%	93.51%	Quarterly	\$1.00		
Kaiser						
Resolve Enrollee Issues	98% within 3 days	97.59%	Quarterly	\$1.00	\$22,531.00	8/19/2024
Geo Access	95%	Not Met in Molokai	Quarterly	\$2.00		

Guarantee	Target	Result	Frequency	Amount at Risk per EE/Ret per Period	Penalty Amount	Actual/ Expected Receipt Date
CVS Caremark						
<i>Actives and EGWP</i>						August 2024 month-end invoices
Mail Turnaround Time - Non Clean	100%	0.00%	Quarterly	\$0.10	\$7,157.90	
EGWP						
First Call Resolution	98%	96.85%	Quarterly	\$0.10	\$3,500.90	
<i>Actives, Retirees and EGWP</i>						
Retail Pharmacy Access	95%	50.00%	Quarterly	\$1.00	\$46,336.80	
Mail Turnaround Time - Clean	100%	0.00%	Quarterly	\$0.10		
Humana						
Average Speed of Answer	100% within 20 secs	97.39%	Quarterly	\$1.00	\$76.00	8/8/2024
Telephone Inquiries	98%	96.43%	Quarterly	\$1.00	\$76.00	
Timeliness of Monthly Reports	100%	Not Met	Quarterly	\$2.50	\$190.00	
HDS						
Timeliness of Monthly Reports	100%	Not Met	Quarterly	\$0.30	\$6,985.00	8/2/2024
Geo Access	95%	Not Met in Maui, Kauai, or Lanai; Maui penalty waived	Quarterly	\$0.20	\$1,219.00	
VSP						
Average Speed of Answer	Within 20 secs	44.23 secs	Quarterly	\$0.05	\$5,126.33	8/6/2024

Prior Reporting Period (through First Quarter of 2024) Updates:

All first quarter 2024 performance guarantee penalties were received during the second quarter of 2024.

Guarantee	Target	Result	Frequency	Amount at Risk per EE/Ret per Period	Penalty Amount	Actual Receipt Date
HMSA						
Average Speed of Answer	100% within 20 secs	Not Met	Quarterly	\$1.00	\$314,660.00	5/10/2024
Call Abandonment	Below 3%	13.01%	Quarterly	\$1.00		
Claims Accuracy	99%	94.74%	Quarterly	\$1.00		
Coding Accuracy	99%	91.87%	Quarterly	\$1.00		
Kaiser						
Resolve Enrollee Issues	98% within 3 days	96.00%	Quarterly	\$1.00	\$22,554.00	5/22/2024
Geo Access	95%	Not Met in Molokai	Quarterly	\$2.00		
CVS Caremark						
<i>Actives and Retirees</i>						May 2024 month-end invoices
Telephone Average Live Voice Answer	Within 20 secs	25.20	Quarterly	\$0.10	\$4,246.60	
<i>EGWP</i>						
Telephone Average Live Voice Answer	Within 20 secs	28.33	Quarterly	\$0.10	\$7,006.60	
First Call Resolution	98%	96.85%	Quarterly	\$0.10		
<i>Actives, Retirees and EGWP</i>						
Retail Pharmacy Access	95%	50.00%	Quarterly	\$1.00	\$54,249.30	
Mail Turnaround Time - Clean	100%	0.00%	Quarterly	\$0.10		

Guarantee	Target	Result	Frequency	Amount at Risk per EE/Ret per Period	Penalty Amount	Actual Receipt Date
Mail Turnaround Time - Non Clean	100%	0.00%	Quarterly	\$0.10		
Humana						
Average Speed of Answer	100% within 20 secs	96.31%	Quarterly	\$1.00	\$75.00	5/10/2024
Telephone Inquiries	98%	93.54%	Quarterly	\$1.00	\$75.00	
HDS						
Geo Access	95%	Not Met in Kauai or Lanai	Quarterly	\$0.20	\$1,225.00	4/26/2024
VSP						
Average Speed of Answer	Within 20 secs	26.49 secs	Quarterly	\$0.05	\$5,143.75	5/13/2024
Call Abandonment	Below 2%	3.50%	Quarterly	\$0.05	\$5,143.75	
Securian						
Average Speed of Answer	99% within 30 secs	98.64%	Quarterly	\$0.05	\$5,500.00	5/22/2024

We look forward to reviewing the exhibits with you at the upcoming Board of Trustees meeting.

Attachment (5900468v1)

Hawaii Employer Union Trust Fund
HMSA - Performance Guarantee Reporting
Actives and Retirees

Guarantee	Amount at Risk per Period (PE/PR)	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024	3Q 2024	4Q 2024
Call Center Response										
100.00% of calls answered within an average of 20 seconds (not including calls answered by an automated voice response system).	\$1.00	Quarterly	Not Met	Not Met	Not Met	Not Met	Not Met 251.71 sec	Not Met 155.48 sec		
98.00% of telephone inquiries/issues resolved at the first point of contact.	\$1.00	Quarterly	98.72%	98.87%	98.91%	98.86%	98.84%	98.95%		
Achieve call abandonment rate below 3.00%	\$1.00	Quarterly	2.00%	3.48%	4.11%	7.55%	13.01%	7.80%		
Claims Processing and Claims Service										
Achieve 99.00% financial accuracy on claim payments. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	96.35%	92.27%	95.52%	96.83%	94.74%	94.37%		
Achieve 99.00% of claims coded accurately. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	95.43%	91.30%	94.03%	96.83%	91.87%	93.51%		
Process 99.00% of claims within 30 calendar days	\$1.00	Quarterly	99.40%	99.70%	99.57%	99.10%	99.33%	99.49%		
Process 99.00% of appeals within 30 calendar days of receipt of all supporting documentation for pre-service and 60 calendar days of receipt of all supporting documentation for post-service	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%		
EUTF Trustee and EUTF Administrative Service										
Resolve 98.00% of enrollee issues within 3 business days.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$2.00	Annual	3.7				Quarterly stat not applicable to specific guarantee			
Provide all reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff	\$2.50	Quarterly	Met	Met	Met	Met	Met	Met		
Provide all benefit summaries/guides within time periods determined by the EUTF staff. Includes but is not limited to a summary of benefits and coverage (SBC) for active employee plans as required by ACA.	\$0.50	Quarterly	Met	Met	Met	Met	Met	Met		
Maintain consistent, primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$1.25	Quarterly	Met	Met	Met	Met	Met	Met		
Plan Administration										
Load weekly 834 files within 24 hours after delivery by EUTF and process all transactions (e.g. enrollments, terminations, and other life events) including mailing of ID cards within 48 hours	\$1.00	Quarterly	Waived*	Waived*	Waived*	Waived*	Waived*	Waived*		
Process 99.00% of all transactions accurately	\$1.00	Quarterly	Waived*	Waived*	Waived*	Waived*	Waived*	Waived*		
Achieve 99.00% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment differences due to timing.	\$1.00	Annual	N/A; EUTF is temporarily suspending this PG due to the BAS implementation				Quarterly stat not applicable to specific guarantee			
Maintain a geo access percentage of 95.00% or better than the results submitted in the proposal on a per island basis within the State and measured separately by providers, facilities and sources of care and services	\$2.00	Quarterly	Met	Met	Met	Met	Met	Met		
Participant Service										
Resolve 98.00% of written inquiries (including claims) within 10 business days and 100.00% within 20 business days of receipt	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve 90.00% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling with an error rate of 3.00% or less at a 95.00% confidence level.	\$2.00	Annual	Not Met - 84.00%				Quarterly stat not applicable to specific guarantee			
Achieve 99.00% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$1.00	Quarterly	Met	Met	Met	Met	Met	Met		
Wellness and Total Health Management										
Monitor the comprehensive wellness, disease management, integrated health management plan and provide EUTF with an annual progress report, within 30 days after the end of each contract period.	1% of quarterly DM/IHM fees	Annual	Met				Quarterly stat not applicable to specific guarantee			
Report on Healthcare Effectiveness Data and Information Set (HEDIS) measures including but limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Provide a final report annually by November 30, covering the period from January 1 - December 31.	2% of annual DM/IHM fees	Annual	Met				Quarterly stat not applicable to specific guarantee			
Report utilization rates and recommendations for improvements for wellness, disease management and integrated health management programs by member type, within 45 days after the end of each quarter	2% of quarterly DM/IHM fees	Quarterly	Met	Met	Met	Met	Met	Met**		
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in the diabetes test result percentage for A1c levels less than or equal to	2% of annual DM/IHM fees	Annual	Active: Not Met Retiree: Met				Quarterly stat not applicable to specific guarantee			
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in hypertension control <140/90.	2% of annual DM/IHM fees	Annual	Active: Met Retiree: Not Met				Quarterly stat not applicable to specific guarantee			
Report on the burden of disease including prevalence data for lifestyle and chronic conditions; and the contributing cost of chronic conditions. Provide a final report annually, by July 31, covering the period January 1 - December 31.	2% of annual DM/IHM fees	Annual	Not Met - Sent 8/2/2023				Quarterly stat not applicable to specific guarantee			

*PG waived granted by the EUTF
**Expected to be met

Metric missed - Financial penalty assessed
Results confirmed by HMSA after report due date - Metric missed - Financial penalty assessed

**Hawaii Employer Union Trust Fund
Kaiser - Performance Guarantee Reporting
Actives Only**

Guarantee	Amount at Risk per Period (PE)	Frequency	3Q 2022	4Q 2022	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024
<i>Call Center Response</i>										
100.00% of calls answered within an average of 20 seconds (not including calls answered by an automated voice response system).	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
98.00% of telephone inquiries/issues resolved at the first point of contact.	\$1.00	Quarterly	99.89%	99.93%	99.86%	99.86%	99.91%	99.97%	99.87%	99.94%
Achieve call abandonment rate below 3.00%	\$1.00	Quarterly	1.05%	1.59%	0.84%	0.83%	1.00%	0.60%	0.57%	0.75%
<i>Claims Processing and Claims Service</i>										
Achieve 99.00% financial accuracy on claim payments. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	99.74%	99.97%	99.73%	99.88%	99.93%	99.97%	99.98%	99.81%
Achieve 99.00% of claims coded accurately. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	99.80%	99.91%	99.89%	99.92%	99.94%	99.97%	99.99%	99.55%
Process 99.00% of claims within 30 calendar days	\$1.00	Quarterly	99.98%	99.97%	99.98%	99.97%	99.97%	99.98%	99.98%	99.98%
Process 99.00% of appeals within 30 calendar days of receipt of all supporting documentation for pre-service and 60 calendar days of receipt of all supporting documentation for post-service	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<i>EUTF Trustee and EUTF Administrative Service</i>										
Resolve 98.00% of enrollee issues within 3 business days.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	97.59%
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$2.00	Annual	3.6				4.4			
Provide all reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff	\$2.50	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
Provide all benefit summaries/guides within time periods determined by the EUTF staff. Includes but is not limited to a summary of benefits and coverage (SBC) for active employee plans as required by ACA.	\$0.50	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
Maintain consistent, primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$1.25	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
<i>Plan Administration</i>										
Load weekly 834 files within 24 hours after delivery by EUTF and process all transactions (e.g. enrollments, terminations, and other life events) including mailing of ID cards within 48 hours	\$1.00	Quarterly	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**
Process 99.00% of all transactions accurately	\$1.00	Quarterly	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**
Achieve 99.00% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment differences due to timing.	\$1.00	Annual	N/A; EUTF is temporarily suspending this PG due to the BAS implementation				N/A; EUTF is temporarily suspending this PG due to the BAS implementation			
Maintain a geo access percentage of 95.00% or better than the results submitted in the proposal on a per island basis within the State and measured separately by providers, facilities and sources of care and services	\$2.00	Quarterly	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met
<i>Participant Service</i>										
Resolve 98.00% of written inquiries (including claims) within 10 business days and 100.00% within 20 business days of receipt	\$1.00	Quarterly	20.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%
Achieve 90.00% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling with an error rate of 3.00% or less at a 95.00% confidence level.	\$2.00	Annual	88.00%				91.00%			
Achieve 99.00% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<i>Wellness and Total Health Management</i>										
Monitor the comprehensive wellness, disease management, integrated health management plan and provide EUTF with an annual progress report, within 30 days after the end of the following calendar year.	1% of quarterly DM/IHM fees	Annual	Met				Met			
Report on Healthcare Effectiveness Data and Information Set (HEDIS) measures including but limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Provide a final report annually by November 30, covering the period from January 1 - December 31.	2% of annual DM/IHM fees	Annual	Met				Met			
Report utilization rates and recommendations for improvements for wellness, disease management and integrated health management programs by member type, within 45 days after the end of each quarter	2% of quarterly DM/IHM fees	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met***
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in the diabetes test result percentage for A1c levels less than or equal to	2% of annual DM/IHM fees	Annual	Met				Not Met			
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in hypertension control <140/90.	2% of annual DM/IHM fees	Annual	Met				Not Met			
Report on the burden of disease including prevalence data for lifestyle and chronic conditions; and the contributing cost of chronic conditions. Provide a final report annually, by July 31, covering the period January 1 - December 31.	2% of annual DM/IHM fees	Annual	Met				Met			

*Q2 2022 result is April only. EUTF granted waiver of PG for May and June due to transition of new BAS.

**EUTF granted waiver of PG due to transition of new BAS.

***Expected to be met

Metric missed - Financial penalty assessed
Revised by Kaiser since the previous report

**Hawaii Employer Union Trust Fund
Kaiser - Performance Guarantee Reporting
Retirees Only**

Guarantee	Amount at Risk per Period (PR)	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024	3Q 2024	4Q 2024
Call Center Response										
100.00% of calls answered within an average of 20 seconds (not including calls answered by an automated voice response system).	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
98.00% of telephone inquiries/issues resolved at the first point of contact.	\$1.00	Quarterly	99.86%	99.86%	99.91%	99.97%	99.87%	99.94%		
Achieve call abandonment rate below 3.00%	\$1.00	Quarterly	0.84%	0.83%	1.00%	0.60%	0.57%	0.75%		
Claims Processing and Claims Service										
Achieve 99.00% financial accuracy on claim payments. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	99.73%	99.88%	99.93%	99.97%	99.98%	99.81%		
Achieve 99.00% of claims coded accurately. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	99.89%	99.92%	99.94%	99.97%	99.99%	99.55%		
Process 99.00% of claims within 30 calendar days	\$1.00	Quarterly	99.98%	99.97%	99.97%	99.98%	99.98%	99.98%		
Process 99.00% of appeals within 30 calendar days of receipt of all supporting documentation for pre-service and 60 calendar days of receipt of all supporting documentation for post-service	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
EUTF Trustee and EUTF Administrative Service										
Resolve 98.00% of enrollee issues within 3 business days.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	96.00%	97.59%		
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$2.00	Annual	4.4				Quarterly stat not applicable to specific guarantee			
Provide all reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff	\$2.50	Quarterly	Met	Met	Met	Met	Met	Met		
Provide all benefit summaries/guides within time periods determined by the EUTF staff. Includes but is not limited to a summary of benefits and coverage (SBC) for active employee plans as required by ACA.	\$0.50	Quarterly	Met	Met	Met	Met	Met	Met		
Maintain consistent, primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$1.25	Quarterly	Met	Met	Met	Met	Met	Met		
Plan Administration										
Load weekly 834 files within 24 hours after delivery by EUTF and process all transactions (e.g. enrollments, terminations, and other life events) including mailing of ID cards within 48 hours	\$1.00	Quarterly	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**		
Process 99.00% of all transactions accurately	\$1.00	Quarterly	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**		
Achieve 99.00% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment differences due to timing.	\$1.00	Annual	N/A; EUTF is temporarily suspending this PG due to the BAS implementation				Quarterly stat not applicable to specific guarantee			
Maintain a geo access percentage of 95.00% or better than the results submitted in the proposal on a per island basis within the State and measured separately by providers, facilities and sources of care and services	\$2.00	Quarterly	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met		
Participant Service										
Resolve 98.00% of written inquiries (including claims) within 10 business days and 100.00% within 20 business days of receipt	\$1.00	Quarterly	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%	100.00% / 100.00%		
Achieve 90.00% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling with an error rate of 3.00% or less at a 95.00% confidence level.	\$2.00	Annual	91.00%				Quarterly stat not applicable to specific guarantee			
Achieve 99.00% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Wellness and Total Health Management										
Monitor the comprehensive wellness, disease management, integrated health management plan and provide EUTF with an annual progress report, within 30 days after the end of the following calendar year.	1% of quarterly DM/IHM fees	Annual	Met				Met			
Report on Healthcare Effectiveness Data and Information Set (HEDIS) measures including but limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Provide a final report annually by November 30, covering the period from January 1 - December 31.	2% of annual DM/IHM fees	Annual	Met				Quarterly stat not applicable to specific guarantee			
Report utilization rates and recommendations for improvements for wellness, disease management and integrated health management programs by member type, within 45 days after the end of each quarter	2% of quarterly DM/IHM fees	Quarterly	Met	Met	Met	Met	Met	Met***		
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in the diabetes test result percentage for A1c levels less than or equal to 8.0	2% of annual DM/IHM fees	Annual	Non-Medicare Retirees: Not Met Medicare Retirees: Met				Quarterly stat not applicable to specific guarantee			
For both the commercial and retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in hypertension control <140/90.	2% of annual DM/IHM fees	Annual	Non-Medicare Retirees: Not Met Medicare Retirees: Not Met				Quarterly stat not applicable to specific guarantee			
Report on the burden of disease including prevalence data for lifestyle and chronic conditions; and the contributing cost of chronic conditions. Provide a final report annually, by July 31, covering the period January 1 - December 31.	2% of annual DM/IHM fees	Annual	Met				Quarterly stat not applicable to specific guarantee			

*Q2 2022 result is April only. EUTF granted waiver of PG for May and June due to transition of new BAS.

**EUTF granted waiver of PG due to transition of new BAS.

***Expected to be met

Metric missed - Financial penalty assessed
Revised by Kaiser since the previous report

Hawaii Employer Union Trust Fund
CVS/caremark - Performance Guarantee Reporting - Actives Only

Guarantee	Target	Threshold	Amount at Risk per Period per Employee	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	2023 Final	1Q 2024	2Q 2024	3Q 2024	4Q 2024	2024 Final	
1. Claims Accuracy - All Claims	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	99.99%	99.99%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee	
2. Mail Service Accuracy - Non Std	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
3. POS Availability - Includes Maintenance	Greater Than or Equal To 98.50%		\$0.10	Quarterly	99.86%	99.81%	99.15%	99.56%		99.85%	99.53%				
4. Eligibility Updates/ID Cards - Ongoing	Equal to 100.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
4a. Eligibility Updates	Equal to 24 Hrs	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
4b. ID Cards - Ongoing	Equal to 4 Business Days	100.00%	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
5. Eligibility Processing Accuracy	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%			100.00%	100.00%			
6. Eligibility Error Reports	Less Than or Equal to 2 Business Days	100.00%	\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
7. Invoice Adjustments	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
8. Enrollment Accuracy	Greater Than or Equal To 99.00%		\$0.15	Annually	Quarterly stat not applicable to specific guarantee				Waived**	Quarterly stat not applicable to specific guarantee					
9. Approval of Communication Materials	Greater Than or Equal To 99.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee	
10. Management Report Timeliness	Equal to 100.00%		\$0.50	Quarterly	93.33%	93.33%	100.00%	100.00%		100.00%	100.00%				
11. Management Report Timeliness - Benefit Summaries	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
12. Pharmacy Audit Resolution	Equal to 45 Days	100.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
13. Account Management Satisfaction	Greater Than or Equal To 4.00 Rating		\$1.50	Annually	Quarterly stat not applicable to specific guarantee				4.20	Quarterly stat not applicable to specific guarantee					
14. Account Management Team Continuity	Equal to 100.00%		\$0.25	Quarterly	100.00%	100.00%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee	
15. Retail Pharmacy Access	Greater Than or Equal To 95.00%		\$1.00	Quarterly	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%				
16. Mail Turnaround Time - Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%				
16a. Mail Turnaround Time - Clean	Greater Than or Equal To 2 Business Days	98.00%		Quarterly	97.60%	96.47%	96.62%	95.12%		96.98%	98.49%				
16b. Mail Turnaround Time - Clean - 2	Equal to 3 Business Days	100.00%		Quarterly	99.12%	98.01%	98.97%	98.52%		98.97%	99.55%				
17. Mail Turnaround Time - Non Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%				
17a. Mail Turnaround Time - Non Clean	Greater Than or Equal To 4 Business Days	95.00%		Quarterly	98.17%	97.83%	98.15%	98.15%		98.93%	98.83%				
17b. Mail Turnaround Time - Non Clean - 2	Equal to 5 Business Days	100.00%		Quarterly	99.87%	99.50%	99.39%	99.44%		99.66%	99.94%				
18. ID Cards	Equal to 100.00%		\$0.10	Quarterly	N/A	N/A	N/A	N/A			N/A	N/A			
18a. ID Cards - Initial	Equal to 10 Days Prior	100.00%		Quarterly	N/A	N/A	N/A	N/A		N/A	N/A				
18b. ID Cards - Accuracy (Initial)	Equal to 100.00%			Quarterly	N/A	N/A	N/A	N/A	N/A	N/A					
19. Telephone Average Live Voice Answer	Less Than or Equal to 20.00 Secs		\$0.10	Quarterly	12.48	22.58	10.56	11.95		25.20	4.60				
20. Telephone Abandonment Rate	Less Than or Equal to 3.00%	0.00%	\$0.10	Quarterly	0.79%	0.86%	0.47%	0.43%		0.96%	0.22%				
21. Written Inquiry	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%				
21a. Written Inquiry - 1	Greater Than or Equal To 10 Business Days	98.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
21b. Written Inquiry - 2	Equal to 20 Business Days	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
22. Customer Satisfaction	Greater Than or Equal To 90.00%		\$1.00	Annually	Quarterly stat not applicable to specific guarantee				96.76%	Quarterly stat not applicable to specific guarantee					
23. First Call Resolution	Greater Than or Equal To 98.00%		\$0.10	Quarterly	99.62%	99.74%	99.57%	99.61%	Annual stat not applicable	99.60%	99.96%			Annual stat not applicable	
24. Account Service Resolution	Greater Than or Equal To 3 Business Days	98.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%			

*Results are reported as N/A when no activity occurred for that particular PG.
**EUTF is temporarily suspending this PG due to the BAS implementation

Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund
CVS/caremark - Performance Guarantee Reporting - Non-Medicare Retirees Only

Guarantee	Target	Threshold	Amount at Risk per Period per Retiree	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	2023 Final	1Q 2024	2Q 2024	3Q 2024	4Q 2024	2024 Final		
1. Claims Accuracy - All Claims	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	99.55%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee		
2. Mail Service Accuracy - Non Std	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%						
3. POS Availability - Includes Maintenance	Greater Than or Equal To 98.50%		\$0.10	Quarterly	99.86%	99.81%	99.15%	99.56%		99.85%	99.53%					
4. Eligibility Updates/ID Cards - Ongoing	Equal to 100.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
4a. Eligibility Updates	Equal to 24 Hrs	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
4b. ID Cards - Ongoing	Equal to 4 Business Days	100.00%	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
5. Eligibility Processing Accuracy	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
6. Eligibility Error Reports	Less Than or Equal to 2 Business Days	100.00%	\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
7. Invoice Adjustments	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
8. Enrollment Accuracy	Greater Than or Equal To 99.00%		\$0.15	Annually	Quarterly stat not applicable to specific guarantee				Waived**	Quarterly stat not applicable to specific guarantee						
9. Approval of Communication Materials	Greater Than or Equal To 99.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee		
10. Management Report Timeliness	Equal to 100.00%		\$0.50	Quarterly	93.33%	93.33%	100.00%	100.00%		100.00%	100.00%					
11. Management Report Timeliness - Benefit Summaries	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
12. Pharmacy Audit Resolution	Equal to 45 Days	100.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
13. Account Management Satisfaction	Greater Than or Equal To 4.00 Rating		\$1.50	Annually	Quarterly stat not applicable to specific guarantee				4.20	Quarterly stat not applicable to specific guarantee						
14. Account Management Team Continuity	Equal to 100.00%		\$0.25	Quarterly	100.00%	100.00%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee		
15. Retail Pharmacy Access	Greater Than or Equal To 95.00%		\$1.00	Quarterly	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%					
16. Mail Turnaround Time - Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%					
16a. Mail Turnaround Time - Clean	Greater Than or Equal To 2 Business Days	98.00%		Quarterly	97.36%	97.99%	97.96%	96.50%		98.03%	98.14%					
16b. Mail Turnaround Time - Clean - 2	Equal to 3 Business Days	100.00%		Quarterly	98.56%	99.62%	99.62%	98.88%		99.30%	99.69%					
17. Mail Turnaround Time - Non Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	100.00%					
17a. Mail Turnaround Time - Non Clean	Greater Than or Equal To 4 Business Days	95.00%		Quarterly	97.46%	97.69%	97.62%	97.29%		96.68%	98.70%					
17b. Mail Turnaround Time - Non Clean - 2	Equal to 5 Business Days	100.00%		Quarterly	99.44%	98.55%	99.32%	98.31%		98.15%	100.00%					
18. ID Cards	Equal to 100.00%		\$0.10	Quarterly	N/A	N/A	N/A	N/A		Annual stat not applicable to specific guarantee	N/A	N/A				Annual stat not applicable to specific guarantee
18a. ID Cards - Initial	Equal to 10 Days Prior	100.00%		Quarterly	N/A	N/A	N/A	N/A			N/A	N/A				
18b. ID Cards - Accuracy (Initial)	Equal to 100.00%			Quarterly	N/A	N/A	N/A	N/A	N/A		N/A					
19. Telephone Average Live Voice Answer	Less Than or Equal to 20.00 Secs		\$0.10	Quarterly	12.48	22.58	10.56	11.95	25.20	4.60						
20. Telephone Abandonment Rate	Less Than or Equal to 3.00%	0.00%	\$0.10	Quarterly	0.79%	0.86%	0.47%	0.43%	0.96%	0.22%						
21. Written Inquiry	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
21a. Written Inquiry - 1	Greater Than or Equal To 10 Business Days	98.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
21b. Written Inquiry - 2	Equal to 20 Business Days	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
22. Customer Satisfaction	Greater Than or Equal To 90.00%		\$1.00	Annually	Quarterly stat not applicable to specific guarantee				95.65%	Quarterly stat not applicable to specific guarantee						
23. First Call Resolution	Greater Than or Equal To 98.00%		\$0.10	Quarterly	99.69%	99.81%	99.60%	99.65%	Annual stat not applicable	99.72%	99.87%			Annual stat not applicable		
24. Account Service Resolution	Greater Than or Equal To 3 Business Days	98.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					

*Results are reported as N/A when no activity occurred for that particular PG.
**EUTF is temporarily suspending this PG due to the BAS implementation

Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund - EGWP
CVS/caremark - Performance Guarantee Reporting - Medicare Retirees Only

Guarantee	Target	Threshold	Amount at Risk per Period per Retiree	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	2023 Final	1Q 2024	2Q 2024	3Q 2024	4Q 2024	2024 Final		
1. Claims Accuracy - All Claims	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	99.99%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	99.99%			Annual stat not applicable to specific guarantee		
2. Mail Service Accuracy - Non Std	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	99.99%	100.00%	100.00%		100.00%	100.00%					
3. POS Availability - Includes Maintenance	Greater Than or Equal To 98.50%		\$0.10	Quarterly	99.86%	99.81%	99.15%	99.56%		100.00%	100.00%					
4. Eligibility Updates/ID Cards - Ongoing	Equal to 100.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
4a. Eligibility Updates (EGWP)	Equal to 24 Hrs	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%				
4b. ID Cards - Ongoing	Equal to 10 Business Days	100.00%	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
5. Eligibility Processing Accuracy (EGWP)	Greater Than or Equal To 99.00%		\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
6. Eligibility Error Reports (EGWP)	Less Than or Equal To 2 Business Days	100.00%	\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
7. Invoice Adjustments	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
8. Enrollment Accuracy	Greater Than or Equal To 99.00%		\$0.15	Annually	Quarterly stat not applicable to specific guarantee				Waived**	Quarterly stat not applicable to specific guarantee						
9. Approval of Communication Materials	Greater Than or Equal To 99.00%		\$0.10	Quarterly	100.00%	100.00%	0.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee		
10. Management Report Timeliness	Equal to 100.00%		\$0.50	Quarterly	93.33%	93.33%	100.00%	100.00%		100.00%	100.00%					
11. Management Report Timeliness - Benefit Summaries	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					
12. Pharmacy Audit Resolution	Equal to 45 Days	100.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
13. Account Management Satisfaction	Greater Than or Equal To 4.00 Rating		\$1.50	Annually	Quarterly stat not applicable to specific guarantee				4.20	Quarterly stat not applicable to specific guarantee						
14. Account Management Team Continuity	Equal to 100.00%		\$0.25	Quarterly	100.00%	100.00%	100.00%	100.00%	Annual stat not applicable to specific guarantee	100.00%	100.00%			Annual stat not applicable to specific guarantee		
15. Retail Pharmacy Access	Greater Than or Equal To 95.00%		\$1.00	Quarterly	50.00%	50.00%	50.00%	50.00%		50.00%	50.00%					
16. Mail Turnaround Time - Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%					
16a. Mail Turnaround Time - Clean	Greater Than or Equal To 2 Business Days	98.00%		Quarterly	98.25%	97.77%	97.98%	97.45%		97.37%	98.70%					
16b. Mail Turnaround Time - Clean - 2	Equal to 3 Business Days	100.00%		Quarterly	99.37%	99.09%	99.34%	99.57%		99.13%	99.67%					
17. Mail Turnaround Time - Non Clean	Equal to 100.00%		\$0.10	Quarterly	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%					
17a. Mail Turnaround Time - Non Clean	Greater Than or Equal To 4 Business Days	95.00%		Quarterly	97.58%	98.43%	98.69%	97.96%		98.72%	99.19%					
17b. Mail Turnaround Time - Non Clean - 2	Equal to 5 Business Days	100.00%		Quarterly	99.16%	99.48%	99.50%	99.46%		99.67%	99.73%					
18. ID Cards	Equal to 100.00%		\$0.10	Quarterly	N/A	N/A	N/A	N/A		Annual stat not applicable to specific guarantee	N/A	N/A				Annual stat not applicable to specific guarantee
18a. ID Cards - Initial	Equal to 10 Days Prior	100.00%		Quarterly	N/A	N/A	N/A	N/A			N/A	N/A				
18b. ID Cards - Accuracy (Initial)	Equal to 100.00%			Quarterly	N/A	N/A	N/A	N/A	N/A		N/A					
19. Telephone Average Live Voice Answer	Less Than or Equal To 20.00 Secs		\$0.10	Quarterly	7.80	12.66	12.09	13.33	28.33	14.27						
20. Telephone Abandonment Rate	Less Than or Equal to 3.00%	0.00%	\$0.10	Quarterly	0.66%	0.84%	0.78%	1.52%	1.74%	0.88%						
21. Written Inquiry	Equal to 100.00%		\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
21a. Written Inquiry - 1	Greater Than or Equal To 10 Business Days	98.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
21b. Written Inquiry - 2	Equal to 20 Business Days	100.00%		Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
22. Customer Satisfaction	Greater Than or Equal To 90.00%		\$1.00	Annually	Quarterly stat not applicable to specific guarantee				98.56%	Quarterly stat not applicable to specific guarantee						
23. First Call Resolution	Greater Than or Equal To 98.00%		\$0.10	Quarterly	97.24%	96.29%	97.43%	97.40%	Annual stat not applicable	96.85%	96.85%			Annual stat not applicable		
24. Account Service Resolution	Greater Than or Equal To 3 Business Days	98.00%	\$0.10	Quarterly	100.00%	100.00%	100.00%	100.00%		100.00%	100.00%					

*Results are reported as N/A when no activity occurred for that particular PG.
**EUTF is temporarily suspending this PG due to the BAS implementation

Metric missed - Financial penalty assessed
Results corrected by CVS/caremark - Financial penalty assessed

Hawaii Employer Union Trust Fund
Verdegard (Formerly HMA) - Performance Guarantee Reporting
Actives Only

Guarantee	Amount at Risk per Period (PE)	Frequency	3Q 2022	4Q 2022	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024
Call Center Response										
100.00% of calls answered within an average 20 seconds (not including calls answered by an automated voice response system).	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
98.00% of telephone inquiries/issues resolved at the first point of contact as long as CSR has the information available at the time of the call.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Achieve call abandonment rate below 3.00%	\$1.00	Quarterly	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Processing and Claims Service										
Achieve 99.00% financial accuracy on claim payments. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Achieve 99.00% of claims coded accurately. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Process 99.00% of claims within 30 calendar days	\$1.00	Quarterly	99.82%	98.48%	99.87%	99.81%	99.75%	100.00%	100.00%	100.00%
Process 99.00% of appeals within 30 calendar days of receipt of all supporting documentation for pre-service and 60 calendar days of receipt of all supporting documentation for post-service	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
EUTF Trustee and EUTF Administrative Service										
Resolve 98.00% of enrollee issues within 3 business days.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$2.00	Annually	4.5				4.3			
Provide all reports as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff	\$2.50	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
Provide all benefit summaries/guides within time periods determined by the EUTF staff.	\$0.50	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
Maintain consistent, primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$1.25	Quarterly	Met	Met	Met	Met	Met	Met	Met	Met
Plan Administration										
Load weekly 834 files within 24 hours after delivery by EUTF and process all transactions (e.g. enrollments, terminations, and other life events) including mailing of ID cards within 48 hours	\$1.00	Quarterly	92.31%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%
Process 99.00% of all transactions accurately	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Achieve 99.00% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment differences due to timing.	\$1.00	Annual	N/A; EUTF is temporarily suspending this PG due to the BAS implementation				N/A; EUTF is temporarily suspending this PG due to the BAS implementation			
Participant Service										
Resolve 98.00% of written inquiries (including claims) within 10 business days and 100.00% within 20 business days of receipt	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Achieve 90.00% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling with an error rate of 3.00% or less at a 95.00% confidence level.	\$2.00	Annually	90.52%				90.43%			
Achieve 99.00% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund
Humana - Performance Guarantee Reporting
Retirees Only

Guarantee	Amount at Risk per Period (PM)	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	2023 Annual	1Q 2024	2Q 2024	3Q 2024	4Q 2024	2024 Annual	
Call Center Response													
100.00% of calls answered within an average of 20 seconds (not including calls answered by an automated voice response system).	\$1.00	Quarterly	98.33%	96.88%	96.36%	95.95%	98.00%	96.31%	97.39%				
98.00% of telephone inquiries/issues resolved at the first point of contact.	\$1.00	Quarterly	96.75%	96.77%	96.41%	96.79%	97.00%	96.74%	96.43%				
Achieve call abandonment rate below 3.00%	\$1.00	Quarterly	0.17%	0.28%	0.43%	0.48%	0.34%	0.35%	0.23%				
Claims Processing and Claims Service													
Achieve 99.00% financial accuracy on claim payments. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly*	99.65%	99.97%	99.75%	99.62%	99.77%	99.98%	99.64%				
Achieve 99.00% of claims coded accurately. Random sampling is permitted with an error rate of 3.00% or less at a 95.00% confidence level.	\$1.00	Quarterly*	99.20%	99.40%	99.00%	99.00%	99.18%	99.60%	99.47%				
Process 99.00% of claims within 30 calendar days.	\$1.00	Quarterly	99.60%	99.68%	99.67%	99.58%	99.63%	99.64%	99.65%				
Process 99.00% of appeals within 30 calendar days of receipt of all supporting documentation for pre-service and 60 calendar days of receipt of all supporting documentation for post-service.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
EUTF Trustee and EUTF Administrative Service													
Resolve 98.00% of enrollee issues within 3 business days.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$2.00	Annual	4.2					Quarterly stat not applicable to specific guarantee					
Provide all reports (excluding Wellness and Total Health Management Reports noted below) as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff.	\$2.50	Quarterly	Met	Met	Met	Met	Met	Met	Not Met				
Provide all benefit summaries/guides within time periods determined by the EUTF staff.	\$0.50	Quarterly	Met	Met	Met	Met	Met	Met	Met				
Maintain consistent, primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$1.25	Quarterly	Met	Met	Met	Met	Met	Met	Met				
Plan Administration													
Load weekly 834 files within 24 hours after delivery by EUTF and process all transactions (e.g. enrollments, terminations, and other life events) including mailing of ID cards within 10 business days.	\$1.00	Quarterly	Met	Met	Met	Met	Met	Met	Met				
Process 99.00% of all transactions accurately.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Achieve 99.00% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment differences due to timing. Applicable if 1,000 members or greater enrolled.	\$1.00	Annual	Met					Quarterly stat not applicable to specific guarantee					
Maintain a geo access percentage of 95.00% or better than the results submitted in the proposal on a per island basis within the State and measured separately by providers, facilities and sources of care and services.	\$2.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Participant Service													
Resolve 98.00% of written inquiries (including claims) within 10 business days and 100.00% within 20 business days of receipt.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Achieve 90.00% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling with an error rate of 3.00% or less at a 95.00% confidence level.	\$2.00	Annual	93.98%					Quarterly stat not applicable to specific guarantee					
Achieve 100.00% CMS compliance on communication to participants including ID cards. Example letters to be provided to the EUTF when the Account team is informed of them.	\$1.00	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				
Wellness and Total Health Management													
Report on Healthcare Effectiveness Data and Information Set (HEDIS) measures including but limited to cancer screenings, respiratory conditions, cardiovascular conditions and comprehensive diabetes care. Provide a final report annually by August 31, covering the period from January 1 - December 31. Present the final summary of the annual HEDIS report to the Benefits Committee by November 30. Applicable if 2,500 members or greater enrolled.	\$0.60 PMPM	Annual	N/A**					Quarterly stat not applicable to specific guarantee					
Report utilization rates and recommendations for improvements for wellness, disease management and integrated health management programs by member type, within 30 days after the end of each quarter. Applicable if 2,500 members or greater enrolled.	\$0.60 PMPM	Quarterly	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**	N/A**				
For retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in the diabetes test result percentage for A1c levels less than or equal to 8.0. Applicable if 2,500 members or greater enrolled.	\$0.60 PMPM	Annual	N/A**					Quarterly stat not applicable to specific guarantee					
For retiree populations, meet or exceed the national 90th percentile quality benchmark; or show improvement of 5.00% or better from the prior year in hypertension control <140/90. Applicable if 2,500 members or greater enrolled.	\$0.60 PMPM	Annual	N/A**					Quarterly stat not applicable to specific guarantee					
Report on the burden of disease including prevalence data for lifestyle and chronic conditions; and the contributing cost of chronic conditions. Provide a final report annually, by July 31, covering the period January 1 - December 31. Applicable if 2,500 members or greater enrolled.	\$0.60 PMPM	Annual	N/A**					Quarterly stat not applicable to specific guarantee					
Provide Humana's Plan Compass Annually no later than June 30 if enrollment is greater than 100.	\$2.00	Annual	N/A**					Quarterly stat not applicable to specific guarantee					

*Reported within 45 days following close of the Quarter

**Membership did not meet member threshold

Metric missed - Financial penalty assessed

Metric missed - No financial penalty for annual measurements

Results revised by Humana after report due date - Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund
HDS - Performance Guarantee Reporting
Actives Only

Guarantee	Amount at Risk per Period (PE)	Frequency	3Q 2023	4Q 2023	1Q 2024	2Q 2024
<i>Call Center Response</i>						
Answer telephone calls within an average of 20 seconds not including calls answered by an automated voice response system	\$0.20	Quarterly	11.00 sec	15.00 sec	16.00 sec	14.00 sec
99% of telephone inquiries/issues resolved at the first point of contact (the number resolved at first point of contact divide by the total number)	\$0.20	Quarterly	100.00%	99.81%	99.65%	99.65%
Achieve call abandonment rate below 2%	\$0.20	Quarterly	0.46%	0.82%	0.40%	0.30%
<i>Claim Processing and Claim Service</i>						
Achieve 99% financial accuracy on claims payments	\$0.15	Quarterly	100.00%	99.97%	100.00%	100.00%
Achieve 99% of claims coded accurately	\$0.15	Quarterly	100.00%	99.64%	100.00%	100.00%
Process 95% of claims within 15 business days AND 99% within 30 calendar days of receipt of appropriate documents	\$0.15	Quarterly	99.94%	99.97%	99.91%	99.90%
Process 99% of appeals within 30 calendar days AND 100% within 60 calendar days	\$0.15	Quarterly	99.98%	99.99%	99.99%	99.98%
			100.00%	100.00%	100.00%	100.00%
			100.00%	100.00%	100.00%	100.00%
<i>EUTF Trustee and EUTF Administration Service</i>						
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$0.45	Annually	4.7			
Provide all reports as described in this RFP plus any additional reports requested by the EUTF within the time periods determined by the EUTF staff. Penalty will be pro-rated based on the number of missed report deadlines over the total report deadlines for the time period. (Monthly reports represent three reports for the quarter.)	\$0.30	Quarterly	Met	Met	Met	Not Met
Maintain consistent, local primary account team.	\$0.15	Quarterly	Met	Met	Met	Met
<i>Plan Administration</i>						
Load weekly 834 files within 24 hours after receipt and process all transactions (e.g., enrollments, terminations, and other life events) including mailing 99% of ID cards within 48 hours or two weeks prior to the effective date.	\$0.20	Quarterly	Met	Met	Met	Met
Process 99% of all transactions accurately	\$0.20	Quarterly	100.00%	100.00%	100.00%	100.00%
Achieve 99% accuracy on an annual enrollment reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment timing reasons. Percentage calculated as errors divided by total properly enrolled. Errors not due to timing (e.g., EUTF has a member enrolled on its file but the same member is not enrolled by the Contractor or vice versa) divided by the total enrolled by EUTF.	\$0.20	Annually	N/A			
Maintain a geo access percentage of 95% or better than the results submitted in the proposal on a per island basis within the State. (Number of EUTF enrollees that fall within the above geo access parameters divided by the total number of EUTF enrollees.)	\$0.20	Quarterly	Not Met	Not Met	Not Met	Not Met
<i>Participant Service</i>						
Resolve 98% of written inquiries within 10 business days AND 100% within 20 business days of receipt of the inquiry	\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%
Achieve 95% satisfaction results with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey with participation supporting a 95% confidence level with a 3% precision level (error rate not to exceed 3%)	\$0.60	Annually	96.00%			
Achieve 99% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$0.30	Quarterly	100.00%	100.00%	100.00%	100.00%

Metric missed - Financial penalty assessed

**Hawaii Employer Union Trust Fund
HDS - Performance Guarantee Reporting
Retirees Only**

Guarantee	Amount at Risk per Period (PR)	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024	3Q 2024	4Q 2024
Call Center Response										
Answer telephone calls within an average of 20 seconds not including calls answered by an automated voice response system	\$0.20	Quarterly	10.00 sec	10.00 sec	11.00 sec	15.00 sec	16.00 sec	14.00 sec		
99% of telephone inquiries/issues resolved at the first point of contact (the number resolved at first point of contact divide by the total number)	\$0.20	Quarterly	99.70%	100.00%	100.00%	99.81%	99.65%	99.65%		
Achieve call abandonment rate below 2%	\$0.20	Quarterly	0.44%	0.38%	0.46%	0.82%	0.40%	0.30%		
Claim Processing and Claim Service										
Achieve 99% financial accuracy on claims payments	\$0.15	Quarterly	100.00%	100.00%	100.00%	99.97%	100.00%	100.00%		
Achieve 99% of claims coded accurately	\$0.15	Quarterly	100.00%	100.00%	100.00%	99.64%	100.00%	100.00%		
Process 95% of claims within 15 business days AND 99% within 30 calendar days of receipt of appropriate documents	\$0.15	Quarterly	99.96%	99.98%	99.94%	99.97%	99.91%	99.90%		
Process 99% of appeals within 30 calendar days AND 100% within 60 calendar days	\$0.15	Quarterly	99.99%	99.99%	99.98%	99.99%	99.99%	99.98%		
EUTF Trustee and EUTF Administration Service										
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$0.45	Annually	4.7				Quarterly stat not applicable to specific guarantee			
Provide all reports as described in this RFP plus any additional reports requested by the EUTF within the time periods determined by the EUTF staff. Penalty will be pro-rated based on the number of missed report deadlines over the total report deadlines for the time period. (Monthly reports represent three reports for the quarter.)	\$0.30	Quarterly	Met	Met	Met	Met	Met	Not Met		
Maintain consistent, local primary account team.	\$0.15	Quarterly	Met	Met	Met	Met	Met	Met		
Plan Administration										
Load weekly 834 files within 24 hours after receipt and process all transactions (e.g., enrollments, terminations, and other life events) including mailing 99% of ID cards within 48 hours or two weeks prior to the effective date.	\$0.20	Quarterly	Met	Met	Met	Met	Met	Met		
Process 99% of all transactions accurately	\$0.20	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve 99% accuracy on an annual enrollment reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment timing reasons. Percentage calculated as errors divided by total properly enrolled. Errors not due to timing (e.g., EUTF has a member enrolled on its file but the same member is not enrolled by the Contractor or vice versa) divided by the total enrolled by EUTF.	\$0.20	Annually	N/A				Quarterly stat not applicable to specific guarantee			
Maintain a geo access percentage of 95% or better than the results submitted in the proposal on a per island basis within the State. (Number of EUTF enrollees that fall within the above geo access parameters divided by the total number of EUTF enrollees.)	\$0.20	Quarterly	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met		
Participant Service										
Resolve 98% of written inquiries within 10 business days AND 100% within 20 business days of receipt of the inquiry	\$0.15	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve 95% satisfaction results with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey with participation supporting a 95% confidence level with a 3% precision level (error rate not to exceed 3%)	\$0.60	Annually	96.00%				Quarterly stat not applicable to specific guarantee			
Achieve 99% accuracy on communication to participants including ID cards. Letters are to be pre-approved by the EUTF prior to mailing.	\$0.30	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		

Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund
VSP - Performance Guarantee Reporting
Actives and Retirees

Guarantee	Amount at Risk per Period (PE/PR)	Frequency	Basis	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024	3Q 2024	4Q 2024
Call Center Response											
Calls answered within an average of 20 seconds (not including calls answered by an automated voice response system).	\$0.05	Quarterly	Client Specific	27.20 secs	59.13 secs	51.46 secs	46.98 secs	26.49 secs	44.23 secs		
99% of telephone inquiries/issues resolved at the first point of contact (the number of telephone inquiries/issues completely resolved at the first point of contact divided by the total number of telephone inquiries/issues)	\$0.05	Quarterly	Client Specific	99.43%	100.00%	98.84%	99.26%	99.52%	100.00%		
Achieve call abandonment rate below 2%	\$0.05	Quarterly	Client Specific	2.27%	4.46%	3.48%	3.32%	3.50%	1.89%		
Claim Processing and Claim Service											
Achieve 99% financial accuracy on claim payments	\$0.05	Quarterly	Book-of-business	99.34%	99.13%	99.12%	99.29%	99.57%	99.49%		
Achieve 99% of claims coded accurately	\$0.05	Quarterly	Book-of-business	99.67%	97.85%	99.71%	99.69%	99.70%	99.81%		
Process 95% of claims within 15 business days and 99% within 30 calendar days of receipt of appropriate documents	\$0.05	Quarterly	Client Specific	99.55%	97.31%	97.99%	99.75%	99.68%	99.65%		
Process 99% of appeals within 30 calendar days and 100% within 60 calendar days	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
EUTF Trustee and EUTF Administration Service											
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF as rated by the EUTF on an annual basis.	\$0.15	Annually	Client Specific	4.2				Quarterly stat not applicable to specific guarantee			
Provide all reports as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff. Penalty will be prorated based on the number of missed report deadlines over the total report deadlines for the time period. (Monthly reports represent three reports for the quarter.) If a report provided on or after the deadline is incomplete, a penalty will be owed.	\$0.10	Quarterly	Client Specific	85.71%	100.00%	88.89%	100.00%	100.00%	100.00%		
Maintain consistent, local primary account team throughout the contract term unless a change is requested by the EUTF and mutually agreed to by the Contractor.	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Plan Administration											
Load weekly 834 files within 24 hours after receipt and process all transactions (e.g., enrollments, terminations, and other life events)	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Process 99% of all transactions accurately.	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve 99% accuracy on an annual reconciliation between the Contractor's enrollees versus the EUTF's enrollees, excluding enrollment timing reasons. Errors not due to timing (e.g., EUTF has a member enrolled on its file but the same member is not enrolled by the Contractor or vice versa) divided by total enrolled by EUTF	\$0.10	Annually	Client Specific	100.00%				Quarterly stat not applicable to specific guarantee			
Maintain a geo access percentage of 95% or better than the results submitted in the proposal on a per island basis within the State. Geo access is based on the residential zip code of those listed in the census files and requires 2 providers in your network within 8 miles of the residential zip code of those in the file. Number of EUTF enrollees that fall within the above geo access parameters divided by total number of EUTF enrollees. Apply 1/6th of the total penalty per quarter per island when the percentage on an island drops below the 95% threshold.	\$0.05	Quarterly	Client Specific	Not Met*	Met	Met	Met	Met	Met		
Participant Service											
Resolve 98% of written inquiries within 10 business days and 100% within 20 business days of receipt of the inquiry	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Achieve 95% satisfaction with the Contractor in an annual survey conducted by the Contractor based on an enrollee satisfaction survey. Contractor shall use random sampling and achieve an error rate of 3% or less at a 95% confidence level.	\$0.10	Annually	Client Specific	98.21% for 2022				97.96% for 2023			
Achieve 99% accuracy on communication to participants. Letters and mail-outs are to be pre-approved by the EUTF prior to mailing.	\$0.05	Quarterly	Client Specific	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Wellness											
Year over year improvement of Eye Exam utilization Initial measurement period is 2023, to be used in future years as baseline. 0.5% Improvement if EUTF Meets or Exceeds VSP Book of Business in Baseline Measure 1.0% Improvement if EUTF is Less than VSP Book of Business in Baseline Measure	None for 2023 \$0.05 for 2024 \$0.07 for 2025 \$0.10 for 2026	Annual	Client Specific	Not Applicable for 2023				Quarterly stat not applicable to specific guarantee			

Metric missed - Financial penalty assessed

Hawaii Employer Union Trust Fund
Securian - Performance Guarantee Reporting
Actives and Retirees

Guarantee	Amount at Risk per Period (PE/PR)	Frequency	1Q 2023	2Q 2023	3Q 2023	4Q 2023	1Q 2024	2Q 2024	3Q 2024	4Q 2024
Call Center Response										
99% of calls answered within an average of 30 seconds (not including calls answered by an automated voice response system).	\$0.05	Quarterly	98.97%	100.00%	94.16%	100.00%	98.64%	100.00%		
99% of telephone inquiries/issues resolved at the first point of contact (the number of telephone inquiries/issues completely resolved at the first point of contact divided by the total number of telephone inquiries/issues).	\$0.05	Quarterly	99.40%	99.60%	100.00%	99.90%	99.66%	100.00%		
Achieve call abandonment rate below 1%.	\$0.05	Quarterly	0.45%	0.58%	4.50%	0.00%	0.27%	0.00%		
Claims Processing and Claims Service										
Achieve 99% financial accuracy on claim payments.	\$0.05	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%		
Process 95% of all claims within 5 business days of receipt of appropriate documents.	\$0.05	Quarterly	99.20%	99.60%	99.80%	99.10%	99.30%	99.73%		
Process 99% of all claims within 30 calendar days of receipt of appropriate documents.			100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Resolves 98% of written inquiries within 10 business days of receipt of the inquiry.	\$0.05	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A		
Resolves 100% of written inquiries within 20 business days of receipt of the inquiry.			N/A	N/A	N/A	N/A	N/A	N/A		
Process 99% of appeals within 30 calendar days.	\$0.05	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A		
Process 100% of appeals within 60 calendar days.			N/A	N/A	N/A	N/A	N/A	N/A		
EUTF Trustee and EUTF Administrative Service										
Resolve 95% of enrollee issues within 3 business days.	\$0.05	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A		
Achieve a level 4 or higher (on a scale of 1 to 5) on Contractor service levels to the EUTF staff as rated by the EUTF staff selected by the Administrator on an annual basis. The EUTF will determine the evaluation criteria.	\$0.10	Annually	4.5				Quarterly stat not applicable to specific guarantee			
Provide all reports as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff. Penalty will be prorated based on the number of missed report deadlines over the total report deadlines for the time period. (Monthly reports represent three reports for the quarter.)	\$0.10	Quarterly	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved		
Provide all quarterly reports as described in this RFP plus any additional reports requested by the EUTF within time periods determined by the EUTF staff.	\$0.05	Quarterly	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved		
Plan Administration										
Load weekly 834 files within 24 hours after receipt and process all transactions (e.g. enrollments, terminations, and other life events) within 48 hours.	\$0.05	Quarterly	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Process 99% of all transactions accurately.	\$0.05	Quarterly	99.39%	99.97%	100.00%	99.60%	99.00%	99.70%		

Metric missed - Financial penalty assessed



Memorandum

To: The Board of Trustees
Hawaii Employer-Union Health Benefits Trust Fund (EUTF)
From: Christopher Letoto
Date: September 11, 2024
Re: HMSA Customer Service Update

HMSA Customer Relations (CR) continues to see improvement in EUTF metrics as 30 new phone agents hired in the last quarter of 2023 and in 2024 are online and taking live PPO and HMO calls.

CR continues to integrate data from multiple systems into our member servicing platform. Member documents such as ID cards and the Report to Member can now be accessed within the member servicing platform, allowing for quicker response times and faster member servicing.

CR also implemented conversational Interactive Voice Response or IVR on our Commercial PPO lines in August. The upgrade of our systems (gathering member information and ID card self-service) has helped improve our call wait times and better support member experience.

BCBS of California continues to assist HMSA with answering commercial PPO calls, helping alleviate lengthy wait times, which has freed up CR staff to assist with EUTF member calls.

We've included two graphs below to illustrate the improvements made by our CR team over calendar year 2024:

1. The first chart depicts the Call Response Center (CRC) trend in seconds.
2. The second chart shows our call abandonment rate by percentage.

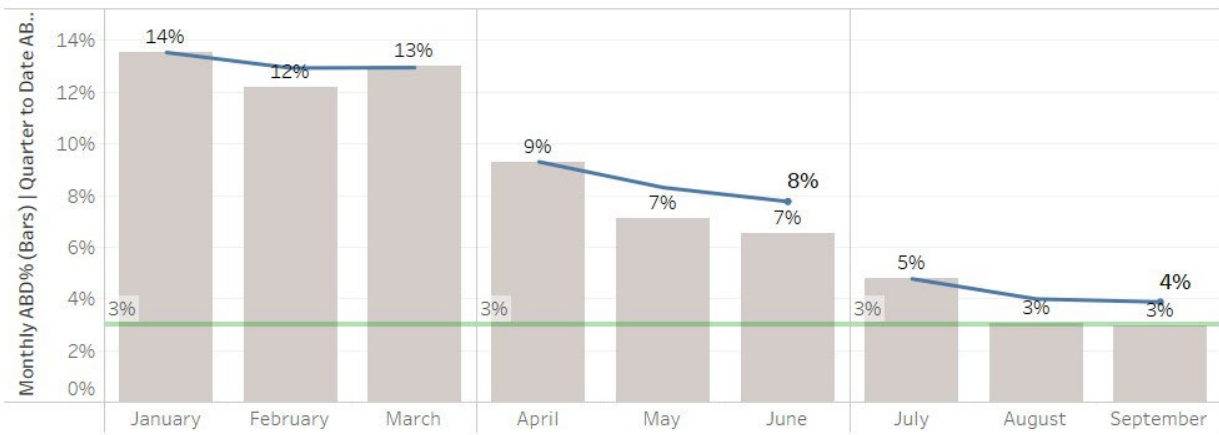
The blue line graph is the average over the quarter and the gray bar graphs show the monthly average.

Significant improvements have been made in both our call response time and call abandonment rate. CR continues to look for opportunities to improve customer satisfaction and data integration to help reduce the call handle times and meet EUTF's Service Performance Guarantees (PG).

As of September 9, 2024
Call Center Response (CRC) Trend



Abandon Rate Trend





Stephen Murphy
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Memorandum

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

From: Stephen Murphy 

Date: August 27, 2024

Re: June 30, 2024, Prescription Drug IBNR Calculations

Segal has projected the incurred but not reported reserves (IBNR) as of the end of the current Fiscal Year June 30, 2024, for the self-insured prescription drug benefit.

The projected IBNR as of June 30, 2024, is \$606,100, which is an increase of \$86,700 from the IBNR as of June 30, 2023. In addition to the IBNR, the claims incurred and invoiced to the State but not paid as of June 30, 2024, is \$32,237,000. The attached table includes the IBNR estimate broken down by plan.

The liabilities for IBNR have been based on invoice amounts on or after June 30, 2024, as provided by CVS Caremark and additional amounts for claims not reported. The IBNR estimates do not include any estimate for claims processing or administrative fees and do not include any other amounts known to be payable.

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We look forward to reviewing this memorandum with you.

Attachment (5902026)

Hawaii Employer-Union Health Benefits Trust Fund
IBNR as of June 30, 2024

	June 30, 2023		June 30, 2024	
	Incurring and Invoiced but Not Paid	Incurring but Not Reported	Incurring and Invoiced but Not Paid	Incurring but Not Reported
Caremark - Actives	\$ 7,003,300	\$ 105,000	\$ 7,545,700	\$ 113,200
Caremark - Non-Medicare Retirees	1,828,700	18,300	1,762,200	17,700
Caremark - Medicare Retirees				
Medicare - EGWP	19,127,000	372,200	21,557,800	446,100
Medicare - EGWP Wrap	1,256,300	23,900	1,371,300	29,100
Total	\$ 29,215,300	\$ 519,400	\$ 32,237,000	\$ 606,100

June 30, 2023 IBNR Notes:

Active and Non-Medicare Retiree Incurred and Invoiced but Not Paid amount based on the 6/30/2023 invoices from CVS Caremark.

The Medicare EGWP and EGWP Wrap Incurred and Invoiced but Not Paid amount was based on the 7/2/2023 and 7/14/2023 invoices, respectively, from CVS Caremark.

June 30, 2024 IBNR Notes:

Active and Non-Medicare Retiree Incurred and Invoiced but Not Paid amount based on the 6/30/2024 invoices from CVS Caremark.

The Medicare EGWP and EGWP Wrap Incurred and Invoiced but Not Paid amount was based on the 7/2/2024 and 7/9/2024 invoices, respectively, from CVS Caremark.



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Memorandum

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

From: Stephen Murphy *SM*

Date: August 27, 2024

Re: June 30, 2024, Supplemental Medical IBNR Calculation

Segal has projected the incurred but not reported reserves (IBNR) as of the end of the current Fiscal Year June 30, 2024, for the self-insured supplemental medical plan.

The projected IBNR as of June 30, 2024, is \$134,000, which is an increase of \$16,000 from the IBNR as of June 30, 2023. A contributing factor in the increasing IBNR is the increase in proportion of claims submitted in the latter six months of the 18-month submission timeframe.

The liabilities for IBNR have been estimated using the average of the historical lag factors based on the runout data provided by Verdegard. The IBNR estimates do not include any estimate for claims processing or administrative fees and do not include any other amounts known to be payable.

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We look forward to reviewing this memorandum with you.

Attachment (5898931)

Hawaii Employer-Union Health Benefits Trust Fund
IBNR as of June 30, 2024

	Total IBNR 6/30/2023	Total IBNR 6/30/2024
EUTF Actives - Supplemental Medical Plan	\$ 118,000	\$ 134,000

IBNR is estimated using the average of the historical lag factors based on the runout data provided by Verdegard.




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Memorandum

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

From: Stephen Murphy 

Date: September 24, 2024

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

Segal's 2024 Third Quarter *Trends* report spotlights the influence of High Cost Claimants ("HCC") on the financial performance of health plans and highlights strategies for predicting, preventing, and managing HCCs.

- Top 20% of medical claims account for 85% of all medical costs; Top 20% of prescription drug claims account for 95% of all prescription drug costs
- Over 70% of the population in the top one percent of medical costs have one or more chronic conditions (i.e., asthma, hypertension, diabetes, coronary artery disease, chronic obstructive pulmonary disease, and congestive heart failure)

HMSA, Kaiser Permanente ("KP"), and other health plans are leveraging multiple best practice strategies to mitigate the financial impact of HCCs, while also delivering targeted support to the member.

- Wellness and chronic condition management programs (e.g., KP auto-enrolls members into their care management programs)
- Cancer screening promotion (e.g., HMSA direct mail campaigns, KP electronic patient record monitoring, etc.)
- Predictive modeling and complex case management to identify and assist members at the highest risk of declining health and potential hospitalization

cc: Derek Mizuno, EUTF
Lara Nitta, EUTF

Trends

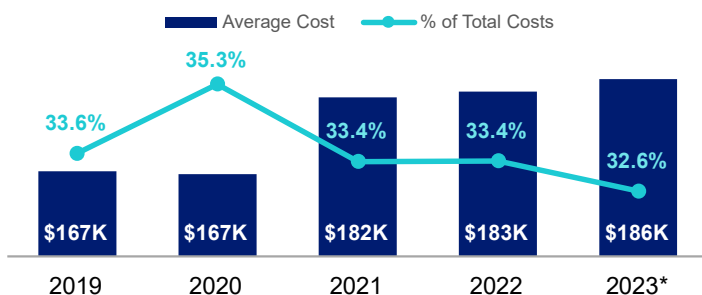
Statistics and Strategies for Health Plan Sponsors

Third Quarter 2024

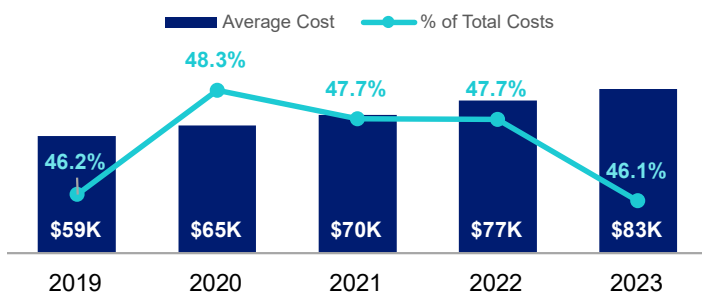
Key statistics

The following graphs show the average paid from 2019 to 2023 for high-cost claims (HCCs), defined here as the top 1 percent of medical and prescription drug (Rx) claims, the percent of total costs due to HCCs over that period and common risk factors associated with HCCs.

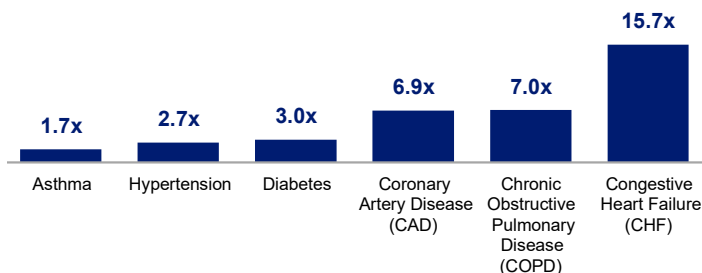
Medical HCCs



Rx HCCs



HCC Risk Factors



* 2023 medical claims are incomplete due to lack of runout data.

Source: Segal's SHAPE data warehouse

Mitigating high-cost claims

As illustrated, over the past five years, top 1 percent of medical claims have consistently represented approximately one-third of all medical expenses with one: 2020. Rx HCCs represent almost half of all expenses. Consequently, effective strategies for predicting, preventing and managing HCCs have become increasingly important for plan sponsors.

The Pareto Principle and leveraged trend

Medical claims closely follow the Pareto Principle, which states that 80 percent of the consequences come from 20 percent of the causes. In fact, the top 20 percent of medical claims account for approximately 85 percent of all medical costs. For prescription drug costs, the top 20 percent of claims account for a stunning 95 percent of all prescription drug costs. To manage healthcare costs, it is imperative for plan sponsors to get a better understanding of underlying drivers and identify proven intervention strategies to mitigate future HCC risk and improve population health.

HCCs can also be defined by a dollar threshold (e.g., \$250,000). However, when doing so it is easy to mistakenly conclude that HCCs are trending faster than overall medical claims. This phenomenon is actually attributable to leveraging, where trend increases as the fixed dollar threshold gets higher. For example, if overall medical trend is 6 percent, we'd expect claims greater than \$250,000 to increase 13 percent and claims above \$500,000 to increase by more than 15 percent. However, HCCs are trending similarly to other medical claims.

Improvements in identifying HCCs

Reviewing insurers' HCC reports often leaves plan sponsors feeling helpless. The diagnosis descriptions provide little insight into true causes of HCCs and potential intervention strategies. To identify how a high-cost claim may be prevented, one must also look at the claims history and identify the risk factors associated with the unfavorable outcomes.

Early identification of risk factors associated with a future high-cost event allows for proactive interventions and care management strategies to be implemented, potentially leading to improved health outcomes and significant cost savings.

What are the risk factors?

It is relatively rare for claims to be in the top 1 percent of costs without any prior indication of risk. Although there are dozens of chronic conditions affecting the general population, a small subset are responsible for a disproportionately large amount of illness and death. Over 70 percent of the population in the top 1 percent of medical costs have one or more of the six chronic conditions shown in the third graph.

Plan participants with CHF are 15.7 times more likely to have an HCC than the general population. However, less than 1 percent of the population is diagnosed with this condition and plan sponsors will likely be able to make a bigger impact by focusing on managing other conditions to prevent disease progression that results in CHF. Participants with CHF have on average 2.5 other chronic conditions, as illustrated in the third graph, with hypertension (93 percent), CAD (66 percent) and diabetes (58 percent) being the main ones.

The prevalence of these chronic conditions continues to increase amongst high-cost claims. In 2019, 70 percent of the top 1 percent of medical claims had one of those chronic conditions, and by 2023 it increased to 72 percent, with increases being exhibited each year. Without comprehensive population health management programs in place that address these conditions holistically, plan sponsors will see little progress in mitigating these high-cost events.

Predictive modeling

Advancements in predictive models have shown promise in recent years in a variety of areas in the healthcare delivery system, including risk stratification, optimizing resource allocation, reducing hospital readmission rates, predicting adverse events and predicting disease progression. Predictive models use advanced machine learning algorithms to identify complex relationships among predictor variables and their target (e.g., medical costs).

Although administrative claims data does not contain the level of detail required to accurately predict all HCCs, it can provide valuable insights into them and the factors driving that risk. Furthermore, it allows plan sponsors to stratify their populations to focus on the those most at-risk of adverse events to target for disease management programs.

HCC management strategies

Viable HCC management strategies should start with a data-driven approach that is customized depending on each plan's needs. Common approaches include:

- **Preventing and managing chronic diseases.**
A comprehensive wellness program can help plan

participants get engaged in their health and prevent onset of chronic conditions. For those who do develop chronic conditions, plans should have resources in place to help them manage their conditions effectively. This could be anything from a point solution that specializes in certain conditions to providing benefits websites that summarize effective exercises and/or recipes relevant to each condition (e.g., keto-friendly recipes to manage diabetes).

- **Implement and monitor case management.** Plans should discuss how HCC cases are identified and managed with the medical vendor. Vendors may need to lower identification thresholds and/or change how they conduct patient outreach depending on the population.
- **Implement proactive claim reviews.** Plan sponsors should implement a support structure for large claim reviews to detect the billing errors and abuses that can occur on very large, complex cases.
- **Promote preventive cancer screenings.** Cancer is a common cause of HCCs. Over half of cancers experienced in most populations have screening guidelines depending on age and gender. Additionally, the recommendations are constantly changing. Plans should educate and promote these screenings regularly.
- **Consider a stop-loss policy.** Some of the highest cost claims include conditions such as burns, leukemia and premature newborns, which often have few intervention opportunities available. Plans should be aware of these possibilities and plan for them accordingly. If a plan isn't adequately funded to cover these events, stop-loss policies should be considered based on risk tolerance.

Compliance reminder

Stay on top of ACA amounts

Get our handy summary charts, the [ACA Dollar Amounts and Percentages](#), which we updated in May.

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 July 2024. For previous issues of *Trends* or other Segal publications, [visit the insights page of our website, segalco.com](#).

Trends is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

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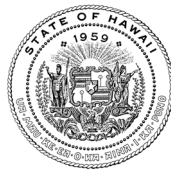
Administrator's Monthly Report to the Board

Coverage Period: July 20 – September 13, 2024

Ongoing Projects/Issues

No.	Current Status	Progress Made During Coverage Period	Problems/Issues	Next Steps
1.	Meetings with Legislators and Unions	9/18 UHPA	None	To resume meetings with Legislators once leadership has been determined. To commence meetings with Unions.
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	11/10-11/13 IFEBP Annual Employee Benefits, San Diego, CA 1/28-1/29 IFEBP Health Benefits Expo, St. Petersburg, FL 4/28-4/29 Health Care Management Conference, Fort Myers, FL 4/28-5/1 SALGBA Annual Conference, St. Louis, MO		

Rev 24.09.13



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September 13, 2024

TO: Board of Trustees

FROM: Jessica McDonald
Member Services Branch Manager

SUBJECT: July – September 2024 Member Services Operations Report

This report covers the time-period from July 20, 2024 – September 13, 2024. Additional details will be provided upon request.

a. Member Services Branch (MSB) Data

Customer Service Automated Call Distribution (ACD) Report for July and August 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
August									
MSB	4,847	352	4,554	4:21	93.96%	34.93%	15.12%	43.90%	293
July									
MSB	5,049	407	4,573	4:11	90.57%	33.99%	15.63%	40.96%	476

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

MSB’s call answer rate was 90.57% and 93.96% for the months of July and August, respectively. Members were primarily calling to check the status of their enrollment requests and retirement/Medicare inquiries. There has also been an increase in calls from prior years as more members utilize the Member Portal and have technical questions. 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; five (5) 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 four (4) MSRs processing active employee enrollment

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.

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:
 - August: 278 (392 in August 2023)
 - July: 288 (350 in July 2023)
- Number of Walk-ins serviced:
 - August: 561 (440 in August 2023)
 - July: 607 (451 in July 2023)

Member Portal Logins

	Count of Logins
January 2024	3,476
February 2024	5,329
March 2024	6,844
April 2024	18,655
May 2024	4,240
June 2024	5,714
July 2024	5,880
August 2024	7,635
Total Count of Registered Users	19,103

Document Processing Status (as of 09/10/24)

	Active EC-1s		Retiree EC-2s		Medicare Related Documents
	2024	2023	2024	2023	2024
August	118	286	153	175	178
July	210	343	188	218	323
June	137	295	218	270	457
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*

	Active EC-1s		Retiree EC-2s		Medicare Related Documents
	2023	2022	2023	2022	2023
December	297	434	509 *	781	1,163*
November	234	471	294 (+249 OE)	665	706
October	362	NA	239 (+10 OE)	NA	420
<i>*Retiree/Medicare counts are high due to 12/31 retirements and annual SSA letters.</i>					

b. Outreach & Training

The Outreach & Training Team conducted thirteen pre-retirement presentations, two new hire presentations, one employer portal training, and participated in two wellness fairs during the month of July. Total attendance for the month was 946. The Outreach & Training Team conducted five pre-retirement presentations, one new hire presentation, and one retiree presentation during the month of August. Total attendance for the month was 277.

c. County of Kauai Special Open Enrollment

The EUTF received 186 Special Open Enrollment forms, which were processed by August 22, 2024 for an effective date of September 1, 2024. The Special Open Enrollment was closed in the BAS on August 23, 2024 and changes were reported on the August 26, 2024 carrier files. The attached report details enrollment counts by plan as of September 1, 2024.

d. 2025 Retiree Open Enrollment

Retiree Open Enrollment will be held October 14 – 31, 2024 and will be conducted via hard copy enrollment forms.

Enclosures

MSB Automated Call Distribution Report

July 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	Monday	335	253	75.52%	4:36	11.94%	4.18%	59.40%	4	4	74	82	6	25
2	Tuesday	292	243	83.22%	4:31	16.44%	7.53%	59.25%	3	8	38	49	8	13
3	Wednesday	195	178	91.28%	4:34	35.90%	13.85%	41.54%	0	1	16	17	5	13
4	Thursday	HOLIDAY - INDEPENDENCE DAY												
5	Friday	217	204	94.01%	4:14	37.33%	16.13%	40.55%	1	5	7	13	6	16
8	Monday	324	247	76.23%	4:10	15.12%	8.33%	52.78%	3	12	62	77	8	11
9	Tuesday	258	181	70.16%	4:26	16.28%	8.53%	45.35%	5	15	57	77	8	26
10	Wednesday	221	209	94.57%	4:05	30.77%	18.55%	45.25%	1	2	9	12	8	19
11	Thursday	198	191	96.46%	3:53	43.94%	17.17%	35.35%	2	1	4	7	9	23
12	Friday	155	151	97.42%	4:10	47.74%	21.29%	28.39%	0	1	3	4	8	4
15	Monday	232	217	93.53%	3:59	25.00%	19.83%	48.71%	2	2	11	15	7	10
16	Tuesday	229	219	95.63%	3:53	52.84%	20.52%	22.27%	2	2	6	10	8	20
17	Wednesday	199	192	96.48%	4:17	53.77%	15.58%	27.14%	0	0	7	7	8	17
18	Thursday	184	181	98.37%	3:50	50.00%	26.63%	21.74%	0	1	2	3	8	11
19	Friday	212	205	96.70%	4:16	49.06%	19.34%	28.30%	0	4	3	7	8	28
22	Monday	271	259	95.57%	4:18	41.70%	12.55%	41.33%	1	2	9	12	10	23
23	Tuesday	238	230	96.64%	4:11	36.55%	22.69%	37.39%	0	0	8	8	10	13
24	Wednesday	160	156	97.50%	4:17	57.50%	21.88%	18.13%	0	1	3	4	9	27
25	Thursday	171	165	96.49%	4:11	51.46%	19.88%	25.15%	0	2	4	6	9	20
26	Friday	201	194	96.52%	4:20	48.26%	23.38%	24.88%	0	2	5	7	9	37
29	Monday	291	273	93.81%	4:07	26.80%	14.43%	52.58%	0	1	17	18	8	19
30	Tuesday	236	215	91.10%	4:12	31.78%	20.34%	38.98%	4	3	14	21	9	16
31	Wednesday	230	210	91.30%	4:04	34.78%	17.83%	38.70%	0	5	15	20	9	16
Monthly Totals		5049	4573	90.57%	4:11	33.99%	15.63%	40.96%	28	74	374	476	178	407

Report Created 8/1/2024

MSB Automated Call Distribution Report

August 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	Thursday	182	176	96.70%	4:14	43.96%	16.48%	36.26%	1	0	5	6	9	8
2	Friday	185	182	98.38%	4:03	51.89%	20.00%	26.49%	1	0	2	3	9	24
5	Monday	273	248	90.84%	4:35	27.11%	10.26%	53.48%	2	1	22	25	8	9
6	Tuesday	241	227	94.19%	3:55	27.80%	10.37%	56.02%	2	1	11	14	8	9
7	Wednesday	240	221	92.08%	4:33	25.42%	11.25%	55.42%	4	1	14	19	9	14
8	Thursday	221	198	89.59%	4:33	28.51%	10.41%	50.68%	2	2	19	23	8	18
9	Friday	221	216	97.74%	4:22	61.99%	14.03%	21.72%	1	1	3	5	9	14
12	Monday	312	274	87.82%	4:24	12.50%	8.97%	66.35%	0	3	35	38	8	12
13	Tuesday	247	237	95.95%	3:52	46.15%	17.41%	32.39%	1	3	6	10	10	21
14	Wednesday	207	203	98.07%	4:16	48.31%	20.77%	28.99%	0	0	4	4	8	16
15	Thursday	247	233	94.33%	4:33	34.41%	18.62%	41.30%	2	2	10	14	9	16
16	Friday	HOLIDAY - STATEHOOD DAY												
19	Monday	350	302	86.29%	4:20	12.29%	6.86%	67.14%	4	4	40	48	7	17
20	Tuesday	232	224	96.55%	4:51	33.19%	20.69%	42.67%	1	2	5	8	8	16
21	Wednesday	229	212	92.58%	4:44	31.44%	22.71%	38.43%	0	2	15	17	7	17
22	Thursday	198	188	94.95%	4:43	43.94%	15.15%	35.86%	0	2	8	10	9	18
23	Friday	206	195	94.66%	5:00	39.32%	20.39%	34.95%	0	2	9	11	10	29
26	Monday	263	254	96.58%	3:58	40.68%	14.83%	41.06%	1	1	7	9	7	15
27	Tuesday	216	209	96.76%	4:19	38.43%	18.52%	39.81%	0	2	5	7	8	24
28	Wednesday	205	194	94.63%	4:10	38.05%	14.63%	41.95%	0	1	10	11	8	18
29	Thursday	206	200	97.09%	4:00	53.40%	22.33%	21.36%	1	1	4	6	8	14
30	Friday	166	161	96.99%	4:23	46.99%	22.29%	27.71%	0	1	4	5	8	23
Monthly Totals		4847	4554	93.96%	4:21	34.93%	15.12%	43.90%	23	32	238	293	175	352

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)				# of Agents in	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	4143	3708	89.50%	4:16	37.94%	14.17%	37.39%	23	88	324	435	141	327
July	5049	4573	90.57%	4:11	33.99%	15.63%	40.96%	28	74	374	476	178	407
August	4847	4554	93.96%	4:21	34.93%	15.12%	43.90%	23	32	238	293	175	352
September													
October													
November													
December													

Report Created 9/4/2024

***The ACD Assigned MSR 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 2023

Month	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds			Abandoned Time (in seconds)				# of Agents in	Outgoing Calls
					10	10-30	> 30	< 10	10-30	> 30	Total		
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 9/4/2024

County of Kauai - Active Employee Enrollments

	Prior to Open Enrollment (4/30/24)					After Open Enrollment (7/1/24)					After Special Open Enrollment (9/1/24)					Change from 4/1/24 to 9/1/24				
	Single	2-party	Family	Total	%	Single	2-party	Family	Total	%	Single	2-party	Family	Total	%	Single	2-party	Family	Total	%
Medical/Rx																				
HMSA 90/10	29	4	7	40	3.1%	20	3	6	29	2.3%	14	3	4	21	1.6%	-15	-1	-3	-19	-47.5%
HMSA 80/20	149	44	67	260	20.0%	108	31	45	184	14.4%	62	22	30	114	8.8%	-87	-22	-37	-146	-56.2%
HMSA 75/25	288	109	192	589	45.3%	331	134	219	684	53.4%	339	177	289	805	62.4%	51	68	97	216	36.7%
HMSA HMO	10	3	6	19	1.5%	8	1	4	13	1.0%	5	1	3	9	0.7%	-5	-2	-3	-10	-52.6%
KP Comp	15	2	7	24	1.8%	12	2	3	17	1.3%	10		3	13	1.0%	-5	-2	-4	-11	-45.8%
KP Standard	55	13	34	102	7.8%	56	14	39	109	8.5%	54	18	41	113	8.8%	-1	5	7	11	10.8%
Verdegard	2	4	3	9	0.7%	2	4	1	7	0.5%	4	5	5	14	1.1%	2	1	2	5	55.6%
Waived				258	19.8%				239	18.6%				202	15.6%	0	0	0	-56	-21.7%
Total	548	179	316	1301	100.0%	537	189	317	1282	100.0%	488	226	375	1291	100.0%	-60	47	59	-10	
				343					243					157						
Dental																				
Enrolled	530	258	309	1097	84.3%	519	266	312	1097	85.6%	483	289	365	1137	88.1%	-47	31	56	40	3.6%
Waived				204	15.7%				185	14.4%				154	11.9%				-50	-24.5%
Total	530	258	309	1301	100.0%	519	266	312	1282	100.0%	483	289	365	1291	100.0%	-47	31	56	-10	-20.9%
Vision																				
Enrolled	536	241	292	1069	82.2%	523	246	299	1068	83.3%	487	273	350	1110	86.0%	-49	32	58	41	3.8%
Waived				232	17.8%				214	16.7%				181	14.0%				-51	-22.0%
Total	536	241	292	1301	100.0%	523	246	299	1282	100.0%	487	273	350	1291	100.0%	-49	32	58	-10	-18.1%



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September 13, 2024

TO: Board of Trustees

FROM: Todd Nishida, Information Systems Chief

SUBJECT: July 2024 - September 2024 Information Systems (IS) Operations Report

This report covers the period from July 20, 2024 through September 13, 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 HMSA that is being reviewed by the Eligibility Specialist.

TELUS Health has completed the Ariel upgrade to 2023 Release 5 on August 16. They are currently engaged in upgrading Ariel to include 2024 Releases 1 - 4 in October, which will bring EUTF's Ariel version to current.

b. Security Assessment

The Systems section was engaged with Segal in a security risk assessment exercise to spotlight areas of risk and identify policy gaps in IT infrastructure, applications, and compliance. The report has been finalized and the Systems team is currently working on addressing the findings.

c. Equipment Replacement

The current phone system contract is set to expire at the end of February 2025. The Systems team has begun the procurement process to replace the current on-premises system with a vendor hosted solution. The goal is to have a replacement installed by January 2025.

d. Enrollment Counts

Ariel BAS enrollment counts for the month of July and August are attached.

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Enrollment Counts - Active (Summary)

The table below shows Active enrollment for period ending 08-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,393	1,186	3,579
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,584	7,629	18,213
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	21,034	21,065	42,099
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	680	327	1,007
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,911	2,751	6,662
HMO Standard Kaiser Medical, Drug and Chiro	9,500	8,750	18,250
Verdegard Supplemental Medical and Drug	541	926	1,467
EUTF Total	48,643	42,634	91,277
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	737	716	1,453
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,621	2,436	4,057
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	580	761	1,341
HSTA VB Total	2,938	3,913	6,851
Medical Total	51,581	46,547	98,128
Drug			
EUTF			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,393	1,186	3,579
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,584	7,629	18,213
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	21,033	21,065	42,098
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	680	327	1,007
EUTF Total	34,690	30,207	64,897
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	737	716	1,453
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,621	2,436	4,057
HSTA VB Total	2,358	3,152	5,510
Drug Total	37,048	33,359	70,407
Dental			
EUTF			
Dental (HDS)	50,944	44,134	95,078
EUTF Total	50,944	44,134	95,078
HSTA VB			
HSTA VB Dental (HDS)	3,129	3,965	7,094
HSTA VB Supplemental Dental (HDS)	75	123	198
HSTA VB Total	3,204	4,088	7,292
Dental Total	54,148	48,222	102,370
Vision			
EUTF			
Vision (VSP)	48,964	41,084	90,048
EUTF Total	48,964	41,084	90,048
HSTA VB			
HSTA VB Vision (VSP) - Stand Alone	174	338	512
HSTA VB Vision (VSP) bundled with Medical	2,938	3,437	6,375
HSTA VB Total	3,112	3,775	6,887
Vision Total	52,076	44,859	96,935
Life			
EUTF			
EUTF Securian Life Insurance	57,812	0	57,812
EUTF Total	57,812	0	57,812
HSTA VB			
HSTA VB Securian Life Insurance	3,822	0	3,822
HSTA VB Total	3,822	0	3,822
Life Total	61,634	0	61,634

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 08-31-2024

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)	1,780	317	296	2,393
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	6,805	1,750	2,029	10,584
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	11,403	3,703	5,928	21,034
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	522	70	88	680
HMO Comprehensive Kaiser Medical, Drug and Chiro	2,551	650	710	3,911
HMO Standard Kaiser Medical, Drug and Chiro	5,424	1,665	2,411	9,500
Verdegard Supplemental Medical and Drug	144	125	272	541
Medical Total	28,629	8,280	11,734	48,643
Drug				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	1,780	317	296	2,393
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	6,805	1,750	2,029	10,584
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	11,402	3,703	5,928	21,033
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	522	70	88	680
Drug Total	20,509	5,840	8,341	34,690
Dental (HDS)	28,134	10,976	11,834	50,944
Vision (VSP)	27,687	10,287	10,990	48,964
Life Insurance (Securian)	57,812			57,812

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,393	1,186	3,579
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,584	7,629	18,213
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	21,034	21,065	42,099
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	680	327	1,007
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,911	2,751	6,662
HMO Standard Kaiser Medical, Drug and Chiro	9,500	8,750	18,250
Verdegard Supplemental Medical and Drug	541	926	1,467
Medical Total	48,643	42,634	91,277
Drug			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,393	1,186	3,579
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,584	7,629	18,213
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	21,033	21,065	42,098
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	680	327	1,007
Drug Total	34,690	30,207	64,897
Dental (HDS)	50,944	44,134	95,078
Vision (VSP)	48,964	41,084	90,048

Data Taken 08-26-2024

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 08-31-2024

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)	416	110	211	737
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	595	279	747	1,621
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	260	95	225	580
Medical Total	1,271	484	1,183	2,938
Drug				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	416	110	211	737
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	595	279	747	1,621
Drug Total	1,011	389	958	2,358
Dental				
HSTA VB Dental (HDS)	1,264	679	1,186	3,129
HSTA VB Supplemental Dental (HDS)	11	31	33	75
Dental Total	1,275	710	1,219	3,204
Vision				
HSTA VB Vision (VSP) - Stand Alone	25	45	104	174
HSTA VB Vision (VSP) bundled with Medical	1,307	605	1,026	2,938
Vision Total	1,332	650	1,130	3,112
Life Insurance (Securian)	3,822			3,822

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)	737	716	1,453
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,621	2,436	4,057
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	580	761	1,341
Medical Total	2,938	3,913	6,851
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	737	716	1,453
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,621	2,436	4,057
Drug Total	2,358	3,152	5,510
Dental			
HSTA VB Dental (HDS)	3,129	3,965	7,094
HSTA VB Supplemental Dental (HDS)	75	123	198
Dental Total	3,204	4,088	7,292
Vision			
HSTA VB Vision (VSP) - Stand Alone	174	338	512
HSTA VB Vision (VSP) bundled with Medical	2,938	3,437	6,375
Vision Total	3,112	3,775	6,887

Data Taken 08-26-2024

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 08-31-2024

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)	67	257	23	400	30	360	83	271	120	55	109	30	126	435	25	2	2,393	
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	185	1,509	153	2,270	168	1,223	300	706	580	211	421	191	665	1,871	95	36	10,584	
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	1	468	3,059	213	4,038	243	3,090	318	746	1,244	523	947	1,128	935	3,726	252	103	21,034
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)		18	78	16	120	12	104	13	42	33	17	35	6	47	127	10	2	680
HMO Comprehensive Kaiser Medical, Drug and Chiro	1	64	579	91	794	79	500	99	313	157	70	195	77	238	595	55	4	3,911
HMO Standard Kaiser Medical, Drug and Chiro		177	1,280	89	1,697	102	1,798	142	503	643	217	341	354	331	1,665	102	59	9,500
Verdegard Supplemental Medical and Drug		14	49	4	135	11	62	10	19	25	15	10	29	22	129	7		541
Medical Total	2	993	6,811	589	9,454	645	7,137	965	2,600	2,802	1,108	2,058	1,815	2,364	8,548	546	206	48,643
Drug																		
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	67	257	23	400	30	360	83	271	120	55	109	30	126	435	25	2	2,393	
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	185	1,509	153	2,270	168	1,223	300	706	580	211	421	191	665	1,871	95	36	10,584	
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	1	468	3,059	213	4,038	243	3,090	318	746	1,244	523	947	1,128	935	3,726	251	103	21,033
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)		18	78	16	120	12	104	13	42	33	17	35	6	47	127	10	2	680
Drug Total	1	738	4,903	405	6,828	453	4,777	714	1,765	1,977	806	1,512	1,355	1,773	6,159	381	143	34,690
Dental (HDS)	2	1,066	7,091	622	10,206	707	7,349	1,011	2,663	2,835	1,152	2,153	1,891	2,447	8,970	571	208	50,944
Vision (VSP)	2	1,030	6,872	597	9,823	688	6,938	976	2,521	2,715	1,114	2,071	1,824	2,361	8,681	552	199	48,964
Life Insurance (Securian)	3	1,262	8,058	732	11,881	838	7,867	1,189	3,024	3,153	1,322	2,504	2,101	2,691	10,307	633	247	57,812

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 08-31-2024

Count by Subscribers by Bargaining Unit

Benefit Plan	05	06	Total
Medical			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	737		737
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,618	3	1,621
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	579	1	580
Medical Total	2,934	4	2,938
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	737		737
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,618	3	1,621
Drug Total	2,355	3	2,358
Dental			
HSTA VB Dental (HDS)	3,124	5	3,129
HSTA VB Supplemental Dental (HDS)	75		75
Dental Total	3,199	5	3,204
Vision			
HSTA VB Vision (VSP) - Stand Alone	173	1	174
HSTA VB Vision (VSP) bundled with Medical	2,934	4	2,938
Vision Total	3,107	5	3,112
Life Insurance (Securian)	3,816	6	3,822

Data Taken 08-26-2024

Enrollment Counts - Retiree (Summary)

The table below shows Retiree enrollment for period ending 08-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,272	13,312	47,584
Non-Medicare	5,335	4,628	9,963
PPO-90/10 Medical (HMSA) - Retiree Total	39,607	17,940	57,547
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,969	2,377	9,346
Non-Medicare	1,076	857	1,933
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,045	3,234	11,279
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	69	9	78
PPO Medical - Medicare Advantage (Humana) - Retiree Total	69	9	78
Out-of-State Plan - Retiree			
Medicare	185	58	243
Non-Medicare	6	3	9
Out-of-State Plan - Retiree Total	191	61	252
EUTF Total	47,912	21,244	69,156
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Medicare	1,933	865	2,798
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	1,938	865	2,803
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	207	66	273
Non-Medicare	4	1	5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	211	67	278
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	2,163	939	3,102
Medical Total	50,075	22,183	72,258
Drug			
EUTF			
PPO Drug (SilverScript) - Medicare	32,925	12,651	45,576
PPO Prescription Drug (CVS) - Non-Medicare	5,650	4,748	10,398
EUTF Total	38,575	17,399	55,974
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,936	866	2,802
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	6	0	6
HSTA VB Total	1,942	866	2,808
Drug Total	40,517	18,265	58,782
Dental			
Dental (HDS)	48,779	22,179	70,958
HSTA VB Dental (HDS) - Retiree	2,163	943	3,106
Dental Total	50,942	23,122	74,064
Vision			
Vision (VSP)	48,702	22,161	70,863
HSTA VB Vision (VSP) bundled with Medical - Retiree	2,164	936	3,100
Vision Total	50,866	23,097	73,963
Life			
EUTF Securian Life Insurance - Retiree	45,603	0	45,603
HSTA VB Securian Life Insurance - Retiree	2,127	0	2,127
Life Total	47,730	0	47,730

Enrollment Counts - EUTF Retiree

The table below shows EUTF Retiree enrollment for period ending 08-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
PPO-90/10 Medical (HMSA) - Retiree				
Medicare	21,478	12,354	440	34,272
Non-Medicare	2,092	2,313	930	5,335
PPO-90/10 Medical (HMSA) - Retiree Total	23,570	14,667	1,370	39,607
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Medicare	4,683	2,206	80	6,969
Non-Medicare	460	453	163	1,076
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	5,143	2,659	243	8,045
PPO Medical - Medicare Advantage (Humana) - Retiree				
Medicare	60	9		69
PPO Medical - Medicare Advantage (Humana) - Retiree Total	60	9		69
Out-of-State Plan - Retiree				
Medicare	130	52	3	185
Non-Medicare	3	3		6
Out-of-State Plan - Retiree Total	133	55	3	191
Medical Total	28,906	17,390	1,616	47,912
Drug				
PPO Drug (SilverScript) - Medicare				
	20,747	11,775	403	32,925
PPO Prescription Drug (CVS) - Non-Medicare				
	2,301	2,409	940	5,650
Drug Total	23,048	14,184	1,343	38,575
Dental (HDS)	28,853	18,296	1,630	48,779
Vision (VSP)	28,810	18,247	1,645	48,702
Life Insurance (Securian)	45,603			45,603

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,272	13,312	47,584
Non-Medicare	5,335	4,628	9,963
PPO-90/10 Medical (HMSA) - Retiree Total	39,607	17,940	57,547
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,969	2,377	9,346
Non-Medicare	1,076	857	1,933
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,045	3,234	11,279
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	69	9	78
PPO Medical - Medicare Advantage (Humana) - Retiree Total	69	9	78
Out-of-State Plan - Retiree			
Medicare	185	58	243
Non-Medicare	6	3	9
Out-of-State Plan - Retiree Total	191	61	252
Medical Total	47,912	21,244	69,156
Drug			
PPO Drug (SilverScript) - Medicare			
	32,925	12,651	45,576
PPO Prescription Drug (CVS) - Non-Medicare			
	5,650	4,748	10,398
Drug Total	38,575	17,399	55,974
Dental (HDS)	48,779	22,179	70,958
Vision (VSP)	48,702	22,161	70,863

Enrollment Counts - HSTA VB Retiree

The table below shows HSTA VB Retiree enrollment for period ending 08-31-2024

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	1,085	834	14	1,933
Non-Medicare	5			5
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	1,090	834	14	1,938
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	64	1	207
Non-Medicare	3	1		4
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	145	65	1	211
HSTA VB Out-of-State Plan - Retiree				
Medicare		2		2
HSTA VB Out-of-State Plan - Retiree Total		2		2
Medical Total	1,242	906	15	2,163
Drug				
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,087	835	14	1,936
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	6			6
Drug Total	1,093	835	14	1,942
Dental (HDS)	1,237	912	14	2,163
Vision (VSP)	1,243	909	12	2,164
Life Insurance (Securian)	2,127			2,127

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	1,933	865	2,798
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	1,938	865	2,803
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	207	66	273
Non-Medicare	4	1	5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	211	67	278
HSTA VB Out-of-State Plan - Retiree			
Medicare	2	2	4
HSTA VB Out-of-State Plan - Retiree Total	2	2	4
Medical Total	2,163	939	3,102
Drug			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,936	866	2,802
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	6	0	6
Drug Total	1,942	866	2,808
Dental (HDS)	2,163	943	3,106
Vision (VSP)	2,164	936	3,100

Data Taken 08-26-2024

Enrollment Counts - All Subscribers

The table below shows All Subscriber enrollments for period ending 08-31-2024

Employer	Medical	Drug	Dental	Vision	Life
City and County of Honolulu					
Active	7,217	5,352	7,560	7,316	8,654
Retiree (Medicare)	6,001	4,515			
Retiree (Non-Medicare)	1,668	1,431	7,769	7,791	6,737
City and County of Honolulu Total	14,886	11,298	15,329	15,107	15,391
Honolulu Board of Water Supply					
Active	461	334	477	460	531
Retiree (Medicare)	472	377			
Retiree (Non-Medicare)	85	83	561	566	484
Honolulu Board of Water Supply Total	1,018	794	1,038	1,026	1,015
Honolulu Authority for Rapid Transportation					
Active	35	26	36	37	37
Retiree (Medicare)	17	15			
Retiree (Non-Medicare)	4	1	22	22	24
Honolulu Authority for Rapid Transportation Total	56	42	58	59	61
County of Hawaii					
Active	2,229	1,722	2,286	2,212	2,659
Retiree (Medicare)	1,341	1,198			
Retiree (Non-Medicare)	422	399	1,777	1,779	1,607
County of Hawaii Total	3,992	3,319	4,063	3,991	4,266
Hawaii Dept of Water					
Active	120	95	126	124	149
Retiree (Medicare)	105	91			
Retiree (Non-Medicare)	14	15	122	122	115
Hawaii Dept of Water Total	239	201	248	246	264
County of Kauai					
Active	990	862	1,036	1,011	1,197
Retiree (Medicare)	694	651			
Retiree (Non-Medicare)	183	182	874	890	816
County of Kauai Total	1,867	1,695	1,910	1,901	2,013
Kauai Department of Water					
Active	63	55	71	69	82
Retiree (Medicare)	44	40			
Retiree (Non-Medicare)	12	13	54	54	58
Kauai Department of Water Total	119	108	125	123	140
County of Maui					
Active	2,166	1,078	2,269	2,193	2,558
Retiree (Medicare)	1,317	830			
Retiree (Non-Medicare)	468	315	1,813	1,818	1,673
County of Maui Total	3,951	2,223	4,082	4,011	4,231
State of Hawaii					
Active	37,468	26,972	39,387	37,819	44,636
Retiree (Medicare)	33,581	27,086			
Retiree (Non-Medicare)	3,553	3,204	37,851	37,725	36,118
State of Hawaii Total	74,602	57,262	77,238	75,544	80,754
Hawaii Public Charter Schools					
Active	832	552	900	835	1,131
Retiree (Medicare)	77	58			
Retiree (Non-Medicare)	17	13	99	99	98
Hawaii Public Charter Schools Total	926	623	999	934	1,229
Grand Total	101,656	77,565	105,090	102,942	109,364

Data Taken 08-26-2024

Enrollment Counts - Active (Summary)

The table below shows Active enrollment for period ending 07-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,398	1,207	3,605
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,608	7,685	18,293
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	20,931	21,029	41,960
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	677	328	1,005
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,904	2,743	6,647
HMO Standard Kaiser Medical, Drug and Chiro	9,514	8,745	18,259
Verdegard Supplemental Medical and Drug	547	937	1,484
EUTF Total	48,579	42,674	91,253
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	740	718	1,458
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,638	2,463	4,101
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	585	778	1,363
HSTA VB Total	2,963	3,959	6,922
Medical Total	51,542	46,633	98,175
Drug			
EUTF			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,398	1,207	3,605
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,608	7,685	18,293
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	20,931	21,029	41,960
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	677	328	1,005
EUTF Total	34,614	30,249	64,863
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	740	718	1,458
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,638	2,463	4,101
HSTA VB Total	2,378	3,181	5,559
Drug Total	36,992	33,430	70,422
Dental			
EUTF			
Dental (HDS)	50,906	44,634	95,540
EUTF Total	50,906	44,634	95,540
HSTA VB			
HSTA VB Dental (HDS)	3,155	4,057	7,212
HSTA VB Supplemental Dental (HDS)	76	129	205
HSTA VB Total	3,231	4,186	7,417
Dental Total	54,137	48,820	102,957
Vision			
EUTF			
Vision (VSP)	48,880	41,528	90,408
EUTF Total	48,880	41,528	90,408
HSTA VB			
HSTA VB Vision (VSP) - Stand Alone	176	346	522
HSTA VB Vision (VSP) bundled with Medical	2,963	3,521	6,484
HSTA VB Total	3,139	3,867	7,006
Vision Total	52,019	45,395	97,414
Life			
EUTF			
EUTF Securian Life Insurance	57,887	0	57,887
EUTF Total	57,887	0	57,887
HSTA VB			
HSTA VB Securian Life Insurance	3,853	0	3,853
HSTA VB Total	3,853	0	3,853
Life Total	61,740	0	61,740

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 07-31-2024

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)	1,779	318	301	2,398
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	6,804	1,760	2,044	10,608
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	11,311	3,705	5,915	20,931
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	520	68	89	677
HMO Comprehensive Kaiser Medical, Drug and Chiro	2,546	651	707	3,904
HMO Standard Kaiser Medical, Drug and Chiro	5,437	1,667	2,410	9,514
Verdegard Supplemental Medical and Drug	148	123	276	547
Medical Total	28,545	8,292	11,742	48,579
Drug				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	1,779	318	301	2,398
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	6,804	1,760	2,044	10,608
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	11,311	3,705	5,915	20,931
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	520	68	89	677
Drug Total	20,414	5,851	8,349	34,614
Dental (HDS)	27,983	10,953	11,970	50,906
Vision (VSP)	27,521	10,235	11,124	48,880
Life Insurance (Securian)	57,887			57,887

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,398	1,207	3,605
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	10,608	7,685	18,293
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	20,931	21,029	41,960
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	677	328	1,005
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,904	2,743	6,647
HMO Standard Kaiser Medical, Drug and Chiro	9,514	8,745	18,259
Verdegard Supplemental Medical and Drug	547	937	1,484
Medical Total	48,579	42,674	91,253
Drug			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,398	1,207	3,605
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	10,608	7,685	18,293
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	20,931	21,029	41,960
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	677	328	1,005
Drug Total	34,614	30,249	64,863
Dental (HDS)	50,906	44,634	95,540
Vision (VSP)	48,880	41,528	90,408

Data Taken 07-22-2024

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 07-31-2024

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)	418	111	211	740
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	604	277	757	1,638
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	260	97	228	585
Medical Total	1,282	485	1,196	2,963
Drug				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	418	111	211	740
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	604	277	757	1,638
Drug Total	1,022	388	968	2,378
Dental				
HSTA VB Dental (HDS)	1,271	672	1,212	3,155
HSTA VB Supplemental Dental (HDS)	11	29	36	76
Dental Total	1,282	701	1,248	3,231
Vision				
HSTA VB Vision (VSP) - Stand Alone	25	46	105	176
HSTA VB Vision (VSP) bundled with Medical	1,315	597	1,051	2,963
Vision Total	1,340	643	1,156	3,139
Life Insurance (Securian)	3,853			3,853

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)	740	718	1,458
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,638	2,463	4,101
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	585	778	1,363
Medical Total	2,963	3,959	6,922
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	740	718	1,458
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,638	2,463	4,101
Drug Total	2,378	3,181	5,559
Dental			
HSTA VB Dental (HDS)	3,155	4,057	7,212
HSTA VB Supplemental Dental (HDS)	76	129	205
Dental Total	3,231	4,186	7,417
Vision			
HSTA VB Vision (VSP) - Stand Alone	176	346	522
HSTA VB Vision (VSP) bundled with Medical	2,963	3,521	6,484
Vision Total	3,139	3,867	7,006

Data Taken 07-22-2024

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 07-31-2024

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)	67	261	23	398	30	355	85	274	121	54	107	29	128	438	26	2	2,398	
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	190	1,517	156	2,280	168	1,216	296	711	577	208	422	186	666	1,884	95	36	10,608	
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	1	469	3,063	215	4,024	238	3,119	309	738	1,256	511	937	1,097	918	3,685	250	101	20,931
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	18	77	16	121	12	101	13	44	32	17	35	5	47	127	10	2	677	
HMO Comprehensive Kaiser Medical, Drug and Chiro	64	580	93	793	78	487	98	318	157	71	196	78	239	593	55	4	3,904	
HMO Standard Kaiser Medical, Drug and Chiro	174	1,271	89	1,700	101	1,833	142	498	673	212	339	349	328	1,649	103	53	9,514	
Verdegard Supplemental Medical and Drug	14	48	4	142	11	63	11	18	25	14	10	29	23	128	7		547	
Medical Total	1	996	6,817	596	9,458	638	7,174	954	2,601	2,841	1,087	2,046	1,773	2,349	8,504	546	198	48,579
Drug																		
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	67	261	23	398	30	355	85	274	121	54	107	29	128	438	26	2	2,398	
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	190	1,517	156	2,280	168	1,216	296	711	577	208	422	186	666	1,884	95	36	10,608	
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	1	469	3,063	215	4,024	238	3,119	309	738	1,256	511	937	1,097	918	3,685	250	101	20,931
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	18	77	16	121	12	101	13	44	32	17	35	5	47	127	10	2	677	
Drug Total	1	744	4,918	410	6,823	448	4,791	703	1,767	1,986	790	1,501	1,317	1,759	6,134	381	141	34,614
Dental (HDS)	1	1,069	7,099	629	10,232	700	7,394	1,000	2,665	2,873	1,131	2,138	1,847	2,430	8,927	572	199	50,906
Vision (VSP)	1	1,036	6,877	603	9,836	681	6,963	964	2,524	2,740	1,091	2,056	1,784	2,347	8,634	552	191	48,880
Life Insurance (Securian)	1	1,267	8,090	738	11,942	834	7,970	1,175	3,026	3,200	1,299	2,487	2,047	2,675	10,265	634	237	57,887

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 07-31-2024

Count by Subscribers by Bargaining Unit

Benefit Plan	05	06	Total
Medical			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	740		740
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,636	2	1,638
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	584	1	585
Medical Total	2,960	3	2,963
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	740		740
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,636	2	1,638
Drug Total	2,376	2	2,378
Dental			
HSTA VB Dental (HDS)	3,151	4	3,155
HSTA VB Supplemental Dental (HDS)	76		76
Dental Total	3,227	4	3,231
Vision			
HSTA VB Vision (VSP) - Stand Alone	175	1	176
HSTA VB Vision (VSP) bundled with Medical	2,960	3	2,963
Vision Total	3,135	4	3,139
Life Insurance (Securian)	3,848	5	3,853

Data Taken 07-22-2024

Enrollment Counts - Retiree (Summary)

The table below shows Retiree enrollment for period ending 07-31-2024

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,365	13,393	47,758
Non-Medicare	5,332	4,661	9,993
PPO-90/10 Medical (HMSA) - Retiree Total	39,697	18,054	57,751
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,975	2,369	9,344
Non-Medicare	1,062	854	1,916
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,037	3,223	11,260
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	70	9	79
PPO Medical - Medicare Advantage (Humana) - Retiree Total	70	9	79
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	47,995	21,348	69,343
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Medicare	1,940	873	2,813
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	1,945	873	2,818
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	207	66	273
Non-Medicare	4	1	5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	211	67	278
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	2,170	947	3,117
Medical Total	50,165	22,295	72,460
Drug			
EUTF			
PPO Drug (SilverScript) - Medicare	32,985	12,708	45,693
PPO Prescription Drug (CVS) - Non-Medicare	5,676	4,807	10,483
EUTF Total	38,661	17,515	56,176
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,943	874	2,817
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	7	0	7
HSTA VB Total	1,950	874	2,824
Drug Total	40,611	18,389	59,000
Dental			
Dental (HDS)	48,871	22,292	71,163
HSTA VB Dental (HDS) - Retiree	2,170	951	3,121
Dental Total	51,041	23,243	74,284
Vision			
Vision (VSP)	48,795	22,275	71,070
HSTA VB Vision (VSP) bundled with Medical - Retiree	2,171	944	3,115
Vision Total	50,966	23,219	74,185
Life			
EUTF Securian Life Insurance - Retiree	45,669	0	45,669
HSTA VB Securian Life Insurance - Retiree	2,137	0	2,137
Life Total	47,806	0	47,806

Enrollment Counts - EUTF Retiree

The table below shows EUTF Retiree enrollment for period ending 07-31-2024

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
PPO-90/10 Medical (HMSA) - Retiree				
Medicare	21,500	12,417	448	34,365
Non-Medicare	2,097	2,282	953	5,332
PPO-90/10 Medical (HMSA) - Retiree Total	23,597	14,699	1,401	39,697
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Medicare	4,693	2,204	78	6,975
Non-Medicare	450	450	162	1,062
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	5,143	2,654	240	8,037
PPO Medical - Medicare Advantage (Humana) - Retiree				
Medicare	61	9		70
PPO Medical - Medicare Advantage (Humana) - Retiree Total	61	9		70
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	28,933	17,418	1,644	47,995
Drug				
PPO Drug (SilverScript) - Medicare				
	20,759	11,816	410	32,985
PPO Prescription Drug (CVS) - Non-Medicare				
	2,311	2,400	965	5,676
Drug Total	23,070	14,216	1,375	38,661
Dental (HDS)	28,877	18,338	1,656	48,871
Vision (VSP)	28,837	18,285	1,673	48,795
Life Insurance (Securian)	45,669			45,669

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	34,365	13,393	47,758
Non-Medicare	5,332	4,661	9,993
PPO-90/10 Medical (HMSA) - Retiree Total	39,697	18,054	57,751
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	6,975	2,369	9,344
Non-Medicare	1,062	854	1,916
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	8,037	3,223	11,260
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	70	9	79
PPO Medical - Medicare Advantage (Humana) - Retiree Total	70	9	79
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	47,995	21,348	69,343
Drug			
PPO Drug (SilverScript) - Medicare			
	32,985	12,708	45,693
PPO Prescription Drug (CVS) - Non-Medicare			
	5,676	4,807	10,483
Drug Total	38,661	17,515	56,176
Dental (HDS)	48,871	22,292	71,163
Vision (VSP)	48,795	22,275	71,070

Enrollment Counts - HSTA VB Retiree

The table below shows HSTA VB Retiree enrollment for period ending 07-31-2024

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	842	14	1,940
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	842	14	1,945
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	64	1	207
Non-Medicare	3	1		4
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	145	65	1	211
HSTA VB Out-of-State Plan - Retiree				
Medicare		2		2
HSTA VB Out-of-State Plan - Retiree Total		2		2
Medical Total	1,241	914	15	2,170
Drug				
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,086	843	14	1,943
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	7			7
Drug Total	1,093	843	14	1,950
Dental (HDS)	1,236	920	14	2,170
Vision (VSP)	1,242	917	12	2,171
Life Insurance (Securian)	2,137			2,137

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	1,940	873	2,813
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	1,945	873	2,818
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	207	66	273
Non-Medicare	4	1	5
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	211	67	278
HSTA VB Out-of-State Plan - Retiree			
Medicare	2	2	4
HSTA VB Out-of-State Plan - Retiree Total	2	2	4
Medical Total	2,170	947	3,117
Drug			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,943	874	2,817
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	7	0	7
Drug Total	1,950	874	2,824
Dental (HDS)	2,170	951	3,121
Vision (VSP)	2,171	944	3,115

Data Taken 07-22-2024

Enrollment Counts - All Subscribers

The table below shows All Subscriber enrollments for period ending 07-31-2024

Employer	Medical	Drug	Dental	Vision	Life
City and County of Honolulu					
Active	7,114	5,274	7,451	7,212	8,548
Retiree (Medicare)	6,022	4,529			
Retiree (Non-Medicare)	1,661	1,424	7,785	7,809	6,742
City and County of Honolulu Total	14,797	11,227	15,236	15,021	15,290
Honolulu Board of Water Supply					
Active	464	336	482	464	535
Retiree (Medicare)	473	381			
Retiree (Non-Medicare)	87	83	564	569	486
Honolulu Board of Water Supply Total	1,024	800	1,046	1,033	1,021
Honolulu Authority for Rapid Transportation					
Active	34	26	35	36	36
Retiree (Medicare)	17	15			
Retiree (Non-Medicare)	4	1	22	22	24
Honolulu Authority for Rapid Transportation Total	55	42	57	58	60
County of Hawaii					
Active	2,221	1,718	2,285	2,209	2,655
Retiree (Medicare)	1,345	1,199			
Retiree (Non-Medicare)	418	397	1,775	1,777	1,608
County of Hawaii Total	3,984	3,314	4,060	3,986	4,263
Hawaii Dept of Water					
Active	122	96	128	126	150
Retiree (Medicare)	104	90			
Retiree (Non-Medicare)	14	15	121	121	114
Hawaii Dept of Water Total	240	201	249	247	264
County of Kauai					
Active	987	859	1,034	1,008	1,194
Retiree (Medicare)	695	653			
Retiree (Non-Medicare)	184	182	876	892	817
County of Kauai Total	1,866	1,694	1,910	1,900	2,011
Kauai Department of Water					
Active	62	54	70	68	83
Retiree (Medicare)	43	40			
Retiree (Non-Medicare)	12	12	53	53	57
Kauai Department of Water Total	117	106	123	121	140
County of Maui					
Active	2,146	1,060	2,248	2,172	2,535
Retiree (Medicare)	1,313	831			
Retiree (Non-Medicare)	461	310	1,803	1,809	1,663
County of Maui Total	3,920	2,201	4,051	3,981	4,198
State of Hawaii					
Active	37,564	27,021	39,505	37,891	44,868
Retiree (Medicare)	33,670	27,133			
Retiree (Non-Medicare)	3,551	3,245	37,946	37,818	36,200
State of Hawaii Total	74,785	57,399	77,451	75,709	81,068
Hawaii Public Charter Schools					
Active	828	548	899	833	1,136
Retiree (Medicare)	74	57			
Retiree (Non-Medicare)	17	14	96	96	95
Hawaii Public Charter Schools Total	919	619	995	929	1,231
Grand Total	101,707	77,603	105,178	102,985	109,546

Data Taken 07-22-2024



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**STATE OF HAWAII'
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DONNA A. TONAKI

September 13, 2024

TO: Derek Mizuno
Administrator

FROM: Katie Matsushima
Eligibility Specialist

SUBJECT: July – September 2024 Eligibility and Enrollment Report

This report covers the time period from July 20 – September 13, 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 rating period due to the implementation of the BAS. Point in Time Reconciliation Audits for SilverScript have resumed in May 2024. Point in Time Reconciliation Audits for HMSA will resume in September 2024 and CVS and Kaiser will resume in October 2024. The initial audit will be to reconcile enrollment following the BAS implementation and will not be subject to PG.

Prior Reporting Year Results:

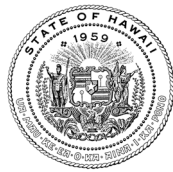
- CVS/SilverScript and EUTF enrollment- Accuracy **99.41%** (Previous Accuracy: N/A)
- Kaiser and EUTF enrollment- Accuracy **99.99%** (Previous Accuracy: **99.72%**)
- HMA and EUTF enrollment- Accuracy **100%** (Previous Accuracy: **91.77%**)
- HDS and EUTF enrollment- Accuracy **100%** (Previous Accuracy: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

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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	Initial Terms	Terms for Fiscal Year 24/25	Current Status	Initial Cleanup Date	Frequency
Unreported Divorce Audit	Active	45 & 5 step- children	9	Restarted 2023	6/30/2017	Monthly
Unreported Divorce Audit	Retiree	32 former spouses	1	Restarted 2023	4/30/2018	Monthly
Adult Disabled Recertification	Active	10	12	Completed July 2024	6/30/2017	Every 7 years (2024)
Adult Disabled Recertification	Retiree	N/A	--	Restarted August 2024	2015 by previous Administrator	Every 7 years (2022)
Surviving Spouse/ Surviving Child	N/A	25	--	Restarting Q4 of 2024	11/30/2017 and 2/28/2018	Every other month
Termination of Life Insurance Enrollment for Terminated Employees	Active	2,073	--	Restarting Q4 of 2024	3/27/2019 (retroactive to 3/31/2018)	Annually
Medicare Savings Program	Retirees and Dependents	36	--	Restarting Q4 of 2024	12/31/2018	Monthly
Spouses with Self and Two-Party Plans	Active and Retiree	14	--	Restarting Q1 of 2025	3/31/2018	Annually
Domestic Partner Recertification	Active	167	--	Restarting Q1 of 2025	12/31/2018	Every 2 years (2022)
Domestic Partner Recertification	Retiree	20	--	Restarting Q1 of 2025	8/31/2017	Every 2 years (2022)
Out-of-State Unreported Deaths	Retirees and Dependents	48	--	Restarting Q1 of 2025	4/5/2018 - (Terminations retroactive to date of death)	Every other month
Dependent Children Non-ACA Eligibility (i.e. not married)	Active and Retiree	19	--	Restarting Q1 of 2025	4/30/2021	Every other month



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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

September 13, 2024

TO: EUTF Board of Trustees

FROM: Marvin Judd, Program Specialist, for Melissa Tom, Health and Wellness Specialist

SUBJECT: July – September 2024 Health and Wellness Specialist Report

This report covers the period July 20, 2024 – September 13, 2024

A. Worksite Wellness

1. One Education Workshop Webinar was offered this reporting period: “Managing your Weight”, hosted by Kaiser. Session recordings are available on the Health and Wellness website.
2. An onsite Health and Wellness Fair was held during this reporting period. The Department of Human Services (DHS) held a Health and Wellness Fair on July 31. EUTF and carriers had resource booths and provided services such as biometrics and flu vaccinations. 120 DHS employees participated in the event.
3. Wellness Program Activities for August and September were sent to HROs and Wellness Champions for distribution to employees. The announcement encouraged members to Stay Connected, by registering for activities such as the Go Gold Challenge and attending wellness webinars hosted by Kaiser (attached).

B. Preventive Health

1. The third quarter *Well Aware* message was distributed on August 23rd. The message focused on preventive care, support when you need it, and health and wellness benefit resources from HMSA, Kaiser, and EUTF. See attached.

C. Chronic Disease Management

1. Virta monthly Health reports were received by HMSA. There were 157 total enrolled members in the program since its January 2024 launch. Early initial results in A1c, weight, and drug utilization reduction are positive (attached).

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

August 2024

Take time for your well-being!

August
Healthy Aging

HEALTH AND WELLNESS GOALS Stay Connected! Visit our [Virtual Wellness Fair](#) and click on the **Connect Online** wellness station to set-up your health carrier online accounts & access EUTF's Member Portal.



CHALLENGES – Participate and Move! Click on Challenges for more info!

GO GOLD CHALLENGE Celebrate the 2024 Olympics, [register](#) for the 4-week Challenge, which starts on **August 12!** Learn how to aim for daily gold, silver, or bronze medals while climbing the podium to better health, & how to earn chances to win one of the seven **\$250 VISA gift cards** by participating! Join the [Kick-Off Event](#) on **August 6 at 11:30am!**



WEBINARS– Click titles below to register!

MANAGING YOUR WEIGHT Managing your weight Successful weight management is more than just cutting calories. Join us and discover how setting realistic goals and practicing new skills can help increase your confidence and manage your weight successfully. Join in on **August 22 at 11:30am.**

August Health
Education Session

Enter to win a
\$100 VISA gift card*

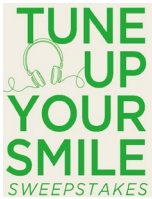


CAMPAIGNS & INCENTIVES– Click on Campaigns & Incentives for more info!



HDS Tune Up Your Smile Sweepstakes Earn a chance to win headphones!

1. Create a personal account at HawaiiDentalService.com. If you already have an account, log in between July 1, 2024 and August 15, 2024 to confirm that your email address is current.
2. See your dentist for a dental exam and/or cleaning between February 1, 2024 and August 15, 2024. Visit [EUTF Campaigns](#) for official rules and more info.



Kaiser Rewards Ready to make healthy changes? Earn up to \$100 in rewards by completing digital health programs to support your wellness goals.



Win Big in 2024 with HMSA! If you visit your PCP for an in-person annual evaluation and log in to My Account, you'll be entered in a drawing for a chance to win a \$1,500 Visa gift card. For more information about the annual evaluation, see your plan's Guide to Benefits at hmsa.com/eutf.

Host a Worksite
"Group Watch"

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!

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



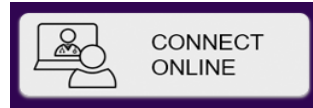


EUTF WELLNESS PROGRAM September 2024

September
Healthy Aging

Take time for your well-being!

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Learn how to aim for daily gold, silver, or bronze medals while climbing the podium to better health, & how to earn chances to win one of the seven **\$250 VISA gift cards** by participating!

WEBINARS- Click titles below to register!

SEPTEMBER WELLNESS EVENTS

Take time for YOU!



HEALTH & WELL-BEING WEBINARS

Hearty Advice
Heart disease is the leading cause of death in the United States. Join us to learn how physical activity, smart nutritional choices, and time for relaxation can lower your risk.
September 19 at 12:00pm-12:45pm



HEARTY ADVICE: Learn how physical activity, smart nutritional choices, and making time for relaxation can lower your risk. You'll also learn how your cardiovascular system works and get strategies for living longer and better. Join in on September 19, 12:00PM.

CAMPAIGNS & INCENTIVES- Click on Campaigns & Incentives for more info!



Kaiser Rewards Ready to make healthy changes? Earn up to \$100 in rewards by completing digital health programs to support your wellness goals. Do a simple online survey and earn \$25 in rewards. With the Total Health Assessment. The take up to 3 online health programs for up to \$75 in rewards.



Win Big in 2024 with HMSA! If you visit your PCP for an in-person annual evaluation and log in to My Account, you'll be entered in a drawing for a chance to win a \$1,500 Visa gift card. For more information about the annual evaluation, see your plan's Guide to Benefits at hmsa.com/eutf.

Host a Worksite "Group Watch"

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.

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





Join our 4-week challenge

Celebrate the 2024 Olympics through our Go Gold challenge!

Go Gold inspires participants to aim for gold, silver, or bronze medals every day while climbing the podium to better health.

Go Gold Challenge

Starts: August 12, 2024
Ends: September 8, 2024

Click here or scan
the code to
register today



Discover what GoGold has to offer

[Click here](#) to join our
Kick-Off event on August 6, 2024
from 11:30 a.m. to noon.

Be part of a team today

Start or join a team (max. 25
people) and get active with
others. View this [short video](#)
on how to join a team.

Track your physical activity each day

Use your favorite devices and
mobile apps to record exercise
minutes that convert to steps.



Earn chances to win
a \$250 gift card*
[See official rules](#)

EUTF challenges are open to retirees
and all employees regardless of
medical plan affiliation.

* Medicare, Medicaid (QUEST Integration), and Federal Employee Health Benefits Program (FEHBP) members are not eligible for the \$250 VISA gift card sweepstakes.

One \$250 VISA gift card winner will be randomly selected for each of the 4 weeks from all participants who log physical activity during that week.

In addition, all participants who meet their 4-week challenge goal will be entered into a random drawing to win 1 of 3 \$250 VISA gift cards.

For more information, visit
kp.org/eutf/getinshape





WELL AWARE

A Quarterly Health & Wellness Benefit Message from EUTF

Fall
2024



Stay on top of your preventive care.

Preventive care services can catch problems early when they're easier – and safer – to treat. They help keep track of your health when you haven't shown any symptoms.

So which services should you get and when?

That depends on your age, gender, overall health, and other factors. Your doctor can help you decide exactly when and how often to get specific preventive care services. They include routine check-ups, screenings, and immunizations.

By working with your doctor to get the preventive care that's right for you, you can stay on track for good health.

At kp.org, you can choose online, phone, video, and in-person visits with your doctor. Once connected, your doctor will work with you to stay current on screenings and tests that are right for you.

If you need help choosing the care that's right for you, members can now call our single statewide number **1-833-833-3333** (TTY 711) to:

- Schedule and cancel appointments.
- Get 24/7 medical advice.
- Order and refill prescriptions.
- And more.



Support when you need it

According to the [Centers for Disease Control and Prevention](https://www.cdc.gov), heart disease, cancer, and stroke are the leading causes of death and disability in Hawaii. But these chronic conditions are largely preventable by practicing healthy behaviors such as quitting tobacco, eating healthy, getting regular physical activity, completing annual screenings, and getting enough sleep. And we understand that it's easier said than done.

With HMSA's Health and Well-being Support, there's no cost and you don't have to do it alone. Members living with chronic conditions have access to helpful information and support tools including resources on making important lifestyle changes to live your best life. See what participants had to say:

“The program helped me reach my health goal. My health coach was very helpful. He guided me to lower my blood sugar.”

“My health coach was caring, knowledge-filled, supportive, and full of great ideas!”

Learn more at hmsa.com/eutf-well-being-support or call 1 (855) 329-5461, option 1. You can also enroll in HMSA's Condition Care Program online at hmsa.com/well-being/condition-care-program.

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.



Join us this Summer!

August 12-September 8 : Go Gold Challenge
Earn chances to win a \$250 gift card



Virta Monthly Enrollment Report

Date: September 3, 2024

Carrier: Hawaii Medical Service Association (HMSA)

Period Report Covers: August 2024

EUTF Enrollment Count

Week 1- as of 8/7/2024

Group	Enrolled Members	Applicants in Process	All-time Applicants
EUTF	157	27	552

Comment:

This morning I am thanking God, my health plan providers, VIRTa and my coaches because I made my goal weight! I lost 7 pounds in 9 weeks! More importantly my blood glucose numbers are greatly improved! When I started my fasting BG numbers were in the high 200s. Now they are in the low 100s. I feel more energetic and more hopeful for the future with my family! Thank you HMSA for offering and sponsoring this. My regular doctor has been supportive also.”
-EUTF Virta Member

Week 2- as of 8/14/2024

Group	Enrolled Members	Applicants in Process	All-time Applicants
EUTF	157	33	552

Comment:

Since I got on board with Virta, I have learned what ketones are and how they affect my health. When I started the program, I was very skeptical. I thought this is going to be a lot like Noom, but minus the carbs. It's actually more and I'm not paying for the program. Not even out of pocket. I have a doctor and a health coach that monitor all the readings that I submit into the app. There are adjustments that were done to my current prescribed medications to assist with the ketone changes in my body. It would ensure that my blood sugar doesn't drop too low, too suddenly at



any given time. I got labs scheduled by my team doctor that was free of charge. My weight and my daily test numbers have gone down, over 15 lbs in my first month. I feel good and I have energy to go back to exercising, although I was told that weight loss would be achieved even without exercise. I notice I sleep better, I'm positive more times than not and I like finding new recipes to make. It keeps me challenged. If you need to reorder supplies, that can be done through the app. The orders arrive pretty quickly. So there's really no waiting two, three weeks. Virta has been very educational and it works, even if I should fall off the wagon so to speak, it's very workable and doable to get back on program. There's no shame or guilt." - EUTF Member

Week 3- as of 8/21/2024

Group	Enrolled Members	Applicants in Process	All-time Applicants
EUTF	157	23	555

Week 4- as of 8/28/2024

Group	Enrolled Members	Applicants in Process	All-time Applicants
EUTF	157	24	556

End of August 2024

Group	Enrolled Members	Applicants in Process	All-time Applicants
EUTF	157	21	556



EUTF Member Lost Applicant Reasons

- Unresponsive: 76%
- Unqualified Diagnosis: 16%
- Dropout of Enrollment Process: 7%
- Not covered: 1%

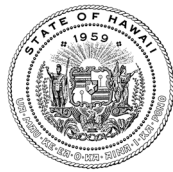
Demographic Information

See attached Virta report

Marketing Plan Reach

- Virta emails and Marketing Reach plan are still being finalized. Will send in September's monthly report.





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DONNA A. TONAKI

September 13, 2024

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

This report covers the period of July 20, 2024 through September 13, 2024. Additional details will be provided upon request.

a. FSB Performance Data

FSB's call answer rate was 94.97% (1,076 out of 1,133 calls) for August 2024 compared to 88.18% (1,306 out of 1,481 calls) for July 2024 and 87.47% (1,040 out of 1,189 calls) for June 2024. Please see attached for the Automated Call Distribution (ACD) reports for more information.

Staff reviewed and issued 386 shortage and 128 cancellation notices in July, and 542 shortage and 106 cancellation notices in August compared to last year's 391 shortage and 266 cancellation notices in July, and 561 shortage notices and 144 cancellation notices in August. Staff also reviewed and mailed out 163 retiree invoices in July and 150 retiree invoices in August to retirees who pay a portion of their premiums via check.

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 May 31, 2024 was \$399,469. There was an overall net payable decrease of \$95,722 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 61 overpayments totaling \$69,354 in June, 52 overpayments totaling \$82,379 in July, and 43 overpayments totaling \$78,293 in August.

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c. EUTF Collections

The following provides the collections status on completed audits as of June 30, 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	18	\$860,452	\$259,861	\$479,821	\$120,770
Family Link & Special Audits - Ongoing	12/31/18-present	6	\$21,447	\$12,626	\$0	\$8,821
Total		31	\$1,188,177	\$392,758	\$600,068	\$195,351
% of Total				33%	51%	16%

[^] 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. 2024 Financial Audit

We met with KKDLY auditors and the Office of the Auditor on July 2, 2024 to discuss the upcoming June 30, 2024 financial audit. The auditors are currently conducting fieldwork at the EUTF office. The final financial statements and other report deliverables are expected to be issued by November 25, 2024.

e. Financial Statements as of June 30, 2024

Financial statements for the month of June 2024 are not included in your packet. We are working with KKDLY auditors on various audit schedules and are recording additional year-end entries. The June 2024 financial statements will be available at the October 2024 board meeting.

Accounting Automated Call Distribution Report

July 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	Monday	115	89	77.39%	3:13	52.17%	4.35%	20.87%	5	4	17	26	0	0
2	Tuesday	74	62	83.78%	3:46	71.62%	0.00%	12.16%	2	0	10	12	0	3
3	Wednesday	54	53	98.15%	3:20	77.78%	12.96%	7.41%	0	0	1	1	0	5
4	Thursday	HOLIDAY - INDEPENDENCE DAY												
5	Friday	64	56	87.50%	3:18	78.13%	1.56%	7.81%	2	2	4	8	0	1
8	Monday	72	63	87.50%	3:32	62.50%	0.00%	25.00%	1	3	5	9	0	5
9	Tuesday	68	51	75.00%	2:54	55.88%	1.47%	17.65%	5	7	5	17	0	1
10	Wednesday	64	59	92.19%	3:40	76.56%	4.69%	10.94%	1	0	4	5	0	2
11	Thursday	50	48	96.00%	3:34	90.00%	2.00%	4.00%	0	0	2	2	0	1
12	Friday	52	49	94.23%	4:09	78.85%	5.77%	9.62%	2	0	1	3	0	0
15	Monday	68	67	98.53%	3:51	85.29%	5.88%	7.35%	0	0	1	1	0	3
16	Tuesday	60	58	96.67%	4:03	83.33%	1.67%	11.67%	1	0	1	2	0	4
17	Wednesday	87	68	78.16%	3:19	58.62%	2.30%	17.24%	6	2	11	19	0	5
18	Thursday	87	70	80.46%	3:59	45.98%	6.90%	27.59%	2	2	13	17	0	9
19	Friday	87	78	89.66%	5:16	59.77%	2.30%	27.59%	2	1	6	9	0	10
22	Monday	63	57	90.48%	3:27	68.25%	0.00%	22.22%	5	0	1	6	0	2
23	Tuesday	51	50	98.04%	3:52	92.16%	1.96%	3.92%	0	0	1	1	0	2
24	Wednesday	44	42	95.45%	4:08	84.09%	2.27%	9.09%	1	0	1	2	0	1
25	Thursday	60	57	95.00%	4:01	81.67%	0.00%	13.33%	1	0	2	3	0	3
26	Friday	65	50	76.92%	3:14	46.15%	1.54%	29.23%	4	2	9	15	0	3
29	Monday	73	66	90.41%	5:42	63.01%	13.70%	13.70%	1	0	6	7	0	3
30	Tuesday	52	47	90.38%	3:14	76.92%	3.85%	9.62%	2	0	3	5	0	5
31	Wednesday	71	66	92.96%	3:31	63.38%	2.82%	26.76%	3	1	1	5	0	3
Monthly Totals		1481	1306	88.18%	3:48	68.26%	3.58%	16.34%	46	24	105	175	0	71

Accounting Automated Call Distribution Report

August 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	Thursday	54	54	100.00%	3:27	81.48%	1.85%	16.67%	0	0	0	0	0	3
2	Friday	49	44	89.80%	3:30	71.43%	8.16%	10.20%	3	0	2	5	0	5
5	Monday	64	58	90.63%	4:48	75.00%	3.13%	12.50%	0	1	5	6	0	4
6	Tuesday	65	64	98.46%	3:09	87.69%	4.62%	6.15%	1	0	0	1	0	1
7	Wednesday	45	44	97.78%	3:52	73.33%	0.00%	24.44%	0	0	1	1	0	1
8	Thursday	33	32	96.97%	4:15	93.94%	3.03%	0.00%	0	0	1	1	0	1
9	Friday	50	44	88.00%	5:07	42.00%	26.00%	20.00%	1	0	5	6	0	2
12	Monday	52	52	100.00%	4:47	88.46%	5.77%	5.77%	0	0	0	0	0	2
13	Tuesday	53	52	98.11%	3:51	69.81%	20.75%	7.55%	1	0	0	1	0	2
14	Wednesday	41	40	97.56%	3:23	85.37%	9.76%	2.44%	1	0	0	1	0	12
15	Thursday	39	39	100.00%	3:50	87.18%	10.26%	2.56%	0	0	0	0	0	0
16	Friday	HOLIDAY - STATEHOOD DAY												
19	Monday	77	76	98.70%	4:11	83.12%	5.19%	10.39%	0	0	1	1	0	2
20	Tuesday	80	70	87.50%	4:07	57.50%	3.75%	26.25%	5	0	5	10	0	0
21	Wednesday	54	50	92.59%	4:08	70.37%	3.70%	18.52%	0	0	4	4	0	1
22	Thursday	59	52	88.14%	5:50	67.80%	3.39%	16.95%	1	1	5	7	0	2
23	Friday	47	43	91.49%	4:04	70.21%	8.51%	12.77%	1	0	3	4	0	5
26	Monday	68	64	94.12%	4:34	79.41%	1.47%	13.24%	1	0	3	4	0	5
27	Tuesday	56	53	94.64%	4:45	67.86%	5.36%	21.43%	0	0	3	3	0	4
28	Wednesday	55	55	100.00%	4:57	83.64%	9.09%	7.27%	0	0	0	0	0	5
29	Thursday	44	44	100.00%	4:41	75.00%	4.55%	20.45%	0	0	0	0	0	3
30	Friday	48	46	95.83%	3:52	79.17%	0.00%	16.67%	1	0	1	2	0	3
Monthly Totals		1133	1076	94.97%	4:15	75.11%	6.35%	13.50%	16	2	39	57	0	63

Report Created 9/4/2024

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	1189	1040	87.47%	3:59	67.62%	4.54%	15.31%	24	27	98	149	0	46
July	1481	1306	88.18%	3:48	68.26%	3.58%	16.34%	46	24	105	175	0	71
August	1133	1076	94.97%	4:15	75.11%	6.35%	13.50%	16	2	39	57	0	63
September													
October													
November													
December													

Report Created 9/4/2024

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 9/4/2024

Monthly Carrier Report

Date: September 3, 2024

Carrier: CVS Health

Period Report Covers: August 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

- Number of calls answered by a live representative: 437
- Percentage of calls answered in 10 seconds: 99.1 % (433 calls)
- Percentage of calls answered in 30 seconds: 99.3 % (434 calls)
- Average speed of answer (number of seconds before live person answers calls): 1.6 seconds
- Average call duration: 824 seconds
- Calls abandoned at 30 seconds or greater: 1
- Percentage of calls abandoned at 30 seconds or greater: 0.1 %

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

- Rx Verification - Rx Verify Directions 19
- Miscellaneous – View Account 49
- Claim Inquiry – Rejected Claim 86
- Rx Order – Check Status 23
- Account Maintenance – ID Cards 24
- Rx Order Refill 66
- Plan Design - Override 41
- Plan Design- Prior Authorization 52
- Drug Coverage 127
- Eligibility – Processing Information 33
- Others 171

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

Number of Requests: 94

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 – 19
- Enroll Verify – 10
- Outreach – 1
- Reinstatements – 9
- Research – 2
- Rush Enrollments – 53

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

22 Total appeals for non-specialty drugs – 11 approved, 11 denied

13 Total appeals for specialty drugs – 9 approved, 4 denied

- **CVS Health Walk-In Servicing**
No CVS Health members visited the customer service office on Bishop Street during the month of August 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:**
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:**

There was one Consumer-level recall notices received by CVS Caremark for the month of August 2024.

- Heparin Sodium in 0.9% Sodium Chloride Injection, 2,000 units per 1,000 mL manufactured by Baxter Healthcare Corporation

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

Monthly Carrier Report

Date: August 4, 2024

Carrier: CVS Health

Period Report Covers: July 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

• Number of calls answered by a live representative:	468
• Percentage of calls answered in 10 seconds:	97.4 % (456 calls)
• Percentage of calls answered in 30 seconds:	97.6 % (457 calls)
• Average speed of answer (number of seconds before live person answers calls):	3.1 seconds
• Average call duration:	796 seconds
• Calls abandoned at 30 seconds or greater:	0
• Percentage of calls abandoned at 30 seconds or greater:	0.0 %

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

• Rx Verification - Rx Verify Directions	27
• Miscellaneous – View Account	60
• Claim Inquiry – Rejected Claim	55
• Rx Order – Check Status	21
• Account Maintenance – ID Cards	25
• Rx Order Refill	52
• Plan Design - Override	25
• Plan Design- Prior Authorization	35
• Drug Coverage	135
• Eligibility – Processing Information	35
• Others	167

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

Number of Requests: 95

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 – 15
• Enroll Verify – 8
• Outreach – 1
• Reinstatements – 21
• Research – 2
• Rush Enrollments – 48

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

20 Total appeals for non-specialty drugs – 11 approved, 9 denied

6 Total appeals for specialty drugs – 2 approved, 4 denied

- **CVS Health Walk-In Servicing**
No CVS Health members visited the customer service office on Bishop Street during the month of July 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:**

CVS Caremark released our 2023 Drug Trend Report and we are pleased to share that we achieved a single-digit overall drug trend for the 7th year in a row at 7.9%. Some notable highlights include:

- A single digit specialty trend at 3.7%
- Management of GLP1s using a smart logic technology that ensured proper prescribing with minimal member disruption.
- A decline in member cost share for the 7th consecutive year in a row at \$7.26 average member out-of-pocket cost for a 30 day supply of medication.
- A 96% overall member satisfaction rate.

You can find more information about the report at [CVS Caremark reports single-digit drug trend for 2023](#)


- **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:**
There was one Consumer-level recall notices received by CVS Caremark for the month of July 2024.
 - Sodium Chloride Injection 0.9% 1000 mL manufactured by B Braun

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

Monthly Carrier Report

Date: Sept 1, 2024

Carrier: 9445

Period Report Covers: August 2024

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

▪ **Call Center Statistics:**

Number of calls – 899

Percentage of calls answered in 30 seconds – 98.1% (872 calls)

Average speed of answer (number of seconds before live body answers calls) 2.2 seconds

Abandonment rate 0.3%

Average call duration 699 seconds

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

- Miscellaneous – View Member Account – 49
- Rx Verification - Rx Verify Directions – 19
- Plan Design – Prior Auth - 52
- Order Placement – CCR Refill – 66
- Order Status – Order Inquiry - 120
- Plan Design – Plan Benefit Override - 41
- Retail Test Claim - 90
- Plan Design – Plan Design Education - 128
- Others – 172

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

Number of Requests:23

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

Breakdown of escalations by subject matter:

- *Account Maintenance:8*
- *Reinstate: 6*
- *Research:2*
- *Verify Enrollment:3*
- *Outreach: 0*
- *Rush/Manual Enrollments: 4*

- **CVS Health Walk-In Servicing**

0 SilverScript member visited the customer service office on Bishop Street during the month of August 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:**

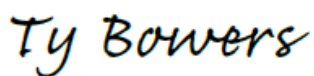
Vaccine Program Updates: New 2024-2025 COVID-19 Vaccines

The new 2024/2025 COVID-19 vaccines are now available.

On August 22, 2024, the FDA approved and authorized updated mRNA COVID-19 Vaccines. The Vaccine Product team has updated our standard Vaccine Program lists to provide coverage for all FDA approved and authorized COVID-19 vaccines effective August 22, 2024.

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: August 1, 2024

Carrier: 9445

Period Report Covers: July 2024

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

▪ **Call Center Statistics:**

Number of calls – 858

Percentage of calls answered in 30 seconds – 99.1% (850 calls)

Average speed of answer (number of seconds before live body answers calls) 1.7 seconds

Abandonment rate 0%

Average call duration 721 seconds

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

- Miscellaneous – View Member Account – 275
- Rx Verification - Rx Verify Directions – 84
- Plan Design – Prior Auth - 89
- Order Placement – CCR Refill – 139
- Order Status – Order Inquiry - 120
- Plan Design – Plan Benefit Override - 57
- Retail Test Claim - 107
- Plan Design – Plan Design Education - 220
- Others – 626

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

Number of Requests: 18

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

Breakdown of escalations by subject matter:

- *Account Maintenance: 6*
- *Reinstate: 5*
- *Research: 3*
- *Verify Enrollment: 1*
- *Outreach: 0*
- *Ru sh/Manual Enrollments: 3*

- **CVS Health Walk-In Servicing**

0 SilverScript member visited the customer service office on Bishop Street during the month of July 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:**

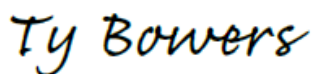
No new information to report

- **Other:**

No new information to report

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: September 9, 2024

Carrier: Hawaii Dental Service

Period Report Covers: August 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 = 1044
Percentage of calls answered in 10 seconds = 28.01%
Percentage of calls answered in 30 seconds = 92.85%
Average speed of answer (number of seconds before live body answers calls) = 15.88 seconds
Abandonment rate = 2.20%
Average call duration = 5:08 minutes
Breakdown of calls by subject matter
Eligibility/Benefits: 49%
Claim Status: 11%
Request for ID card: 9%
Refer to EUTF (address change): 1%
Dentist search: 2%
Other Misc.: 25%
HDS Online Support: 3%
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. Andrew Chong - Oahu	Dr. Lawrence M Yamada - Oahu
Dr. Olivia Ann Hautamaa - Oahu	
Dr. Brenda Huynh - Oahu	
Dr. Sophia Oak - Oahu	
Dr. Elliot Willis-Orlando - Kauai	

- 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:
The HDS Foundation awarded \$80,000 in scholarships to eight Hawaii students enrolled in dental school for the 2024-25 school year to support local students pursuing a degree in dentistry. The foundation donated 300 keiki SMILEKits to Hawaii Coalition for Health- Wahiawa Pediatric Clinic for Keiki Dental Health and 125 adult and children SMILEKits to Family Hui Hawaii. Members of the Hawaii Oral Health Coalition, including HDS Foundation Community Impact Manager, Stephanie Liu-Antonio, met with Gov. Josh Green to celebrate the passage of SB 2476/Act 97 allowing licensed dental hygienists to perform oral health screenings and apply dental sealants for students in a school-based program under a licensed dentist’s general supervision. HDS sponsored the AHA Heart Walk August 3rd.
- Other: HDS received three appeals.



Joey Lee, Director of Sales

Monthly Carrier Report

Date: August 9, 2024

Carrier: Hawaii Dental Service

Period Report Covers: July 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 = 1100
Percentage of calls answered in 10 seconds = 27.69%
Percentage of calls answered in 30 seconds = 94.66%
Average speed of answer (number of seconds before live body answers calls) = 15.21 seconds
Abandonment rate = 1.18%
Average call duration = 6:05 minutes
Breakdown of calls by subject matter
 - Eligibility/Benefits: 50%
 - Claim Status: 11%
 - Request for ID card: 9%
 - Refer to EUTF (address change): 1%
 - Dentist search: 2%
 - Other Misc.: 23%
 - HDS Online Support: 4%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
Dr. Nalene Bui - Oahu
Dr. Robert Marusko - Oahu
Dr. Tyler L Nguyen - Hawaii
Dr. Ryne Saiki - Oahu

Network Exits: 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 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:
The HDS Foundation granted the Waianae District Comprehensive Health and Hospital Board \$1,235 toward the oral health program providing various oral health services to the community in public health settings. The program has partnerships with DOE elementary schools along the Waianae coast. HDS Foundation donated 1,440 SMILEKits to Hawaii Keiki Dental Sealant program and 400 SMILEKits to Molokai General Hospital Outpatient Clinic. HDS employees attended the AHA Heart Walk on August 3rd and 2024 AUW Campaign Kickoff Downtown Rally on August 6th.
- Other: HDS received seven appeals.



Joey Lee, Director of Sales



Monthly Carrier Report

Date: September 9, 2024

Carrier: Hawaii Medical Service Association (HMSA)

Period Report Covers: August 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

- Number of calls - 2,551
- Average speed of answer (number of seconds before live body answers calls) - 01:01
- Abandonment rate - 3.11%%
- Average call duration - 08:24 (MM:SS)

- **Appeals:**

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.

- **April 2024**

- Total number of appeals unresolved from the previous month: 33
- Total number of appeals received: 28
- 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: 20
- Breakdown of appeals by subject matter - Number Resolved/Number Pending Resolution:
 - 38 Appeals pending as of September 6, 2024.
 - 20 Appeals resolved in August 2024.
 - 3 Appeals withdrawn in August 2024.
 - 0 Appeals voided in August 2024.



Appeal Description	Count of Cases
Overtured	12
CT	3
Lab Service	3
MRI	2
Polysomnography	1
Shoulder Repair	1
Glucose Monitoring	1
Office Visit	1
Upheld	8
Light Therapy System	1
Air Ambulance	1
Speech Therapy	1
Neurological Diagnostic Procedure	1
Lab Service	1
Office Visit	1
Visit Complexity inherent to Evaluation & Management	1
Bone Density Study	1
Withdrawn	3
MRI	1
Lab Service	1
Office Visit	1
Total	23



Operational Issues Pertaining to EUTF Members:

None for July 2024.

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

None for July 2024

Any Legal Actions or Proceedings Involving EUTF Members:

None for July 2024.

Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:

None for July 2024.

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

None for July 2024.

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

We would like to welcome and announce the latest addition to the EUTF account team, Tiffany Andrade who has accepted the position of Account Relationship Consultant. In addition to a sales background, she brings with her nearly five years of healthcare benefits and customer service experience. She's held positions in HMSA's neighborhood centers in Honolulu and Pearl City as a Health Plan Specialist. She transitioned to the State account team as an Account Relationship Consultant on Monday, September 9th. We look forward to her sharing her knowledge and expertise with the EUTF and your members!

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

Aloha Harvest 25th Anniversary Dinner

American Cancer Society Relay for Life

Hawaii island Fentanyl Task Force Symposium

Made in Hawaii Festival

Honolulu Chinese Jaycees Healthy Baby Contest

Ewa by Gentry Community Association 26th Anniversary

Pearlridge Mauka Health Fair

JABSOM Alumni Association CME Conference

Adventist Health Castle Chip in for Castle Golf Tourney

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: August 9, 2024

Carrier: Hawaii Medical Service Association (HMSA)

Period Report Covers: July 2024

Customer Service Utilization and Performance Data:

- **Call Center Statistics:**

- Number of calls - 2,964
- Average speed of answer (number of seconds before live body answers calls) - 01:34
- Abandonment rate - 4.96%
- Average call duration - 07:58 (MM:SS)

- **Appeals:**

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.

- **April 2024**

- Total number of appeals unresolved from the previous month: 35
- Total number of appeals received: 33
- Average turnaround time appeals were responded to: 29.1 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: 28
- Breakdown of appeals by subject matter - Number Resolved/Number Pending Resolution:
 - 29 Appeals pending as of August 6, 2024.
 - 28 Appeals resolved in July 2024.
 - 11 Appeals withdrawn in July 2024.
 - 0 Appeals voided in July 2024.



Appeal Description	Count of Cases
Overtured	14
MRI	2
CT	2
Medication	2
Stress Echocardiogram	1
Genetic Testing	1
Telephonic Analysis	1
Proton Beam Therapy	1
Knee Transplant	1
Lumbar/Sacral Facet Joint Block	1
Pneumatic Compression Device	1
Lumbar Fusion	1
Upheld	14
Speech Therapy	3
Hearing Aid	2
CT	2
Prescription Medication	2
Heart Procedure	1
Vein Procedure	1
ER Visit	1
Speech Generating Device	1
Pediatric Formula	1
Withdrawn	11
Ultrasound	3
Surgery	2
Lab Service	2
Diagnostic Testing	1
Office Visit	1
Computed Tomography Angiography (CTA)	1
Covid Tests	1
Total	39



Operational Issues Pertaining to EUTF Members:

None for July 2024.

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

None for July 2024

Any Legal Actions or Proceedings Involving EUTF Members:

None for July 2024.

Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:

None for July 2024.

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

None for July 2024.

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

None for July 2024.

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

Pacific Missile Range Facility

Freedom Fest

Join Base Pearl Harbor Hickam

4th of July Celebration

Moilili Summer Fest

Maui Boys and Girls Club Back

School Health Fair

Big Island Substance Abuse Council

Summer Jam

Kohala Back to School Bath

UH West Oahu WestBound Summer Bash Fair

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: September 9, 2024

Carrier: Humana

Plan: EUTF Medicare Advantage Plan (MA Only)

- 1. **Period Report Covers:** August 1, 2024 through August 31, 2024

Customer Service Utilization and Performance Data:

• **Call Center Statistics:**

- Number of calls answered by a live representative
 - EUTF specific: 4
 - Humana Book of Business: 62,090
- Percentage of calls answered in 30 seconds
 - Humana Book of Business: 94.44%
- Average speed of answer (number of seconds before live person answers calls):
 - Humana Book of Business: 8 seconds
- Average call duration:
 - Humana Book of Business: 589 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	1
○ Benefits	1
○ Claims	0
○ Communication	1
○ Demographics	0
○ Disenrollment	0
○ Eligibility	0
○ Enrollment	1
○ Fulfillment	0
○ Rx	0
○ Provider	0
○ Outbound Call	0
○ Wellness	0
○ Other/Miscellaneous	0

*EUTF specific

- **Requests by EUTF to Account Management/Customer Care (Account Concierge ACS):**
 - Number of Requests in August: 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 August 2024.**
 - Number of Appeals in August 2024: 0
 - Number of Appeals resolved in August 2024: 0
 - Number of Appeals withdrawn in August 2024: 0
 - Number of Appeals voided in August 2024: 0
 - Number of Appeals pending in August 2024: 0
 - Total number of appeals remaining open in August 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 August.

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

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

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

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

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

No information to report for August 2024

- **Other:**
No information to report for August 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: August 8, 2024

Carrier: Humana

Plan: EUTF Medicare Advantage Plan (MA Only)

1. **Period Report Covers:** July 1, 2024 through July 30, 2024

Customer Service Utilization and Performance Data:

• **Call Center Statistics:**

- Number of calls answered by a live representative
 - EUTF specific: 4
 - Humana Book of Business: 62,312
- Percentage of calls answered in 30 seconds
 - Humana Book of Business: 94.64%
- Average speed of answer (number of seconds before live person answers calls):
 - Humana Book of Business: 10 seconds
- Average call duration:
 - Humana Book of Business: 595 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	0
○ Claims	2
○ Communication	0
○ Demographics	0
○ Disenrollment	0
○ Eligibility	0
○ Enrollment	0
○ Fulfillment	1
○ Rx	0
○ Provider	1
○ Outbound Call	0
○ Wellness	0
○ Other/Miscellaneous	0

*EUTF specific

- **Requests by EUTF to Account Management/Customer Care (Account Concierge ACS):**
 - Number of Requests in July: 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 July 2024.**
 - Number of Appeals in July 2024: 0
 - Number of Appeals resolved in July 2024: 0
 - Number of Appeals withdrawn in July 2024: 0
 - Number of Appeals voided in July 2024: 0
 - Number of Appeals pending in July 2024: 0
 - Total number of appeals remaining open in July 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 July.

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

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

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

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

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

No information to report for July 2024

- **Other:**
No information to report for July 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: September 9, 2024

Carrier: Kaiser Permanente

Period Report Covers: August 2024

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

- **Call center statistics:**

Number of calls: 507 Calls

Percentage of calls answered in 30 seconds: 91.16%

Percentage of calls answered in 20 seconds: 89.98%

Percentage of calls answered in 10 seconds: 88.61%

Average speed of answer: 16 seconds

Abandonment rate: 0.39%

Average call duration: average talk time 426 seconds

(28%) Access, (46%) Benefits, (0%) Billing Issues, (5%) Claims, (1%) Complaints,
(14%) Eligibility, (1%) ID/Demographics, (5%) Materials Requested

- **Complaints:**

Number of Complaints: 78

Average turnaround time complaints were responded to: 11.23 days to close concerns

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

Resolution: 58 closed, 20 open

– Access – (5) Appointment schedule, (1) Network adequacy, (2) Referral

– Benefits & Enrollment – (2) COB, (2) Denial, (1) Cost share, (1) DME, (1) Disenrollment, (1) ID card,
(1) Chiro

– Facility – (2) Wait for service, (1) Self-service kiosk, (1) Building appearance

– Operational Process – (5) Phone system, (1) Visiting member, (1) Membership system,
(3) AOR process, (4) KP.org

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

– Other – (7) Billing issue, (3) Pharmacy, (1) Diagnostic tests, (1) Non-KP issue, (1) Forms,
(1) Discrimination

- **Appeals:**

Number of Appeals in August 2024: 0

Number of Appeals approved in August 2024: 0

Number of Appeals denied in August 2024: 0

- **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:**

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:**
Student-built website promotes local careers in health care – In response to Hawaii's ongoing health care worker shortage, a Kaiser Permanente radiologist and a group of talented students from Maui High School worked together to raise awareness and provide learning opportunities for youth interested in the health care field. This initiative, which has been five years in the making, introduces students to rewarding careers in health care through a comprehensive and engaging website built entirely by the Maui students.

Kaiser Permanente's Lee Miyasato, MD, has been the driving force behind this project. Recognizing the critical need for health care professionals, especially on the neighbor islands, Dr. Miyasato partnered with the late Clint Gima, a former digital media instructor at Maui High School, to create a project that combines website development, content creation, and video production to communicate information about the many roles in the health care field. The website features a wealth of content including interviews with health care professionals, detailed career information, and educational resources.

One of the program's notable successes includes the recent nursing school graduation of a student who helped build the website. In fact, a number of the 8 students who worked on the project are also pursuing careers in health care. This milestone exemplifies the tangible impact this project has already had on students interested in health care careers. Dr. Miyasato is now collaborating with the AHEC, the Pacific Basin/Hawaii Area Health Education Center, to introduce the website to other schools on Maui.

At a recent announcement launching a state-funded loan forgiveness program for health care workers, Hawaii Gov. Josh Green reported that there were about 4,000 health care worker vacancies statewide. Grassroots efforts such as the students' website will help introduce learners to these professions, with the goal of encouraging them to pursue health care careers in their own communities.

Troy Tomita



Senior Account Manager
Kaiser Permanente

Monthly Carrier Report

Date: August 9, 2024

Carrier: Kaiser Permanente

Period Report Covers: July 2024

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

- **Call center statistics:**

Number of calls: 539 Calls

Percentage of calls answered in 30 seconds: 88.69%

Percentage of calls answered in 20 seconds: 88.14%

Percentage of calls answered in 10 seconds: 86.86%

Average speed of answer: 15 seconds

Abandonment rate: 1.64%

Average call duration: average talk time 429 seconds

(25%) Access, (48%) Benefits, (0%) Billing Issues, (5%) Claims, (1%) Complaints,
(17%) Eligibility, (0%) ID/Demographics, (4%) Materials Requested

- **Complaints:**

Number of Complaints: 58

Average turnaround time complaints were responded to: 14.36 days to close concerns

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

Resolution: 38 closed, 20 open

– Access – (5) Appointment schedule, (3) Referral

– Benefits & Enrollment – (1) Exclusions, (1) Cost share, (1) DME

– Facility – (1) Wait for service, (1) Parking, (1) Discharge process

– Operational Process – (3) Phone system, (1) Pharmacy process, (1) Membership system,
(1) Medical record, (1) Other

– Physician – (12) Courtesy & communication, (4) Diagnosis treatment or care, (1) Time spent

– Other – (12) Billing issue, (6) Pharmacy, (1) EOB, (1) Covid vaccine

- **Appeals:**

Number of Appeals in July 2024: 2

Number of Appeals approved in July 2024: 2

Number of Appeals denied in July 2024: 0

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

Holiday Clinic Closures:

September 2, 2024 – In observance of Labor 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:**
Kaiser Permanente Launches Home Health Agency on Hawaii Island – Kaiser Permanente Hawaii has announced the launch of its Kaiser Permanente Home Health agency on Hawaii Island. The agency will bring nursing and physical therapy to homebound members on Hawaii Island.

Kaiser Permanente Home Health is designed for members who use an assistive device such as a walker, cane, or wheelchair, or who have a health condition that makes it difficult to leave home and are receiving care that can only be safely performed under the supervision of a skilled nurse or therapist. What initially started as a soft launch with a team of 1 nurse and 1 physical therapist at the end of April 2024 has quickly grown to a team of 6 health care professionals, with plans to continue expanding to meet members' needs.

Kaiser Permanente Home Health agencies currently serve on Oahu and Maui. Kahu Danny Akaka Jr. led a traditional Hawaiian blessing of the Hawaii Island Home Health agency on Friday, July 12, 2024, for the home health team and the leadership team that supports their work.

Moanalua Medical Center Among Best Hospitals for 2024-2025 in Hawaii – Kaiser Permanente Moanalua Medical Center has been named by U.S. News & World Report as a 2024-2025 Best Hospital. Kaiser Permanente Moanalua Medical Center ranked high performing in COPD; congestive heart failure; heart attack; knee replacement; leukemia, lymphoma, myeloma; pneumonia; and stroke among U.S. News' 2024-2025 edition of Best Hospitals.

U.S. News evaluated nearly 5,000 hospitals across 15 specialties and 20 procedures and conditions; only 11% of evaluated hospitals earned a Best Hospitals ranking. Hospitals awarded a "Best" designation excelled at factors such as clinical outcomes, level of nursing care and patient experience.

To calculate the Best Hospitals rankings, U.S. News evaluated each hospital's performance on objective measures such as risk-adjusted mortality rates, preventable complications and level of nursing care. The Best Hospitals Specialty rankings methodology and Procedures & Conditions ratings methodology measure patient outcomes using data from millions of records provided by the Centers for Medicare & Medicaid Services. This year, among other methodology refinements, U.S. News incorporated new data on care provided to patients with Medicare Advantage insurance and on care provided to outpatients, nearly doubling the number of patients included in its annual data analysis. The Procedures & Conditions ratings are based entirely on objective quality measures.

Troy Tomita



Senior Account Manager
Kaiser Permanente

Monthly Carrier Report – Hawaii EUTF

Date: September 09, 2024

Carrier: Securian Financial

Report Period: August 2024

Customer Service, Utilization and Performance Data

- Group Term Life Claims Paid: 188
- Active Employee Claims: 4
- Retiree Claims: 240
- 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

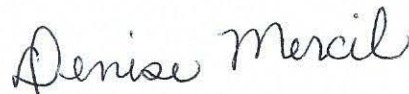
- Number of Calls Received: 201
- Average Speed to Answer: 5 seconds
- Abandonment rate of all calls received: 0.00%
- Average Call Duration: 5 minutes 44 seconds
- Requests by Category:
 - Claims: 0
 - Member information changes or updates: 48
 - Policy related requests: 117
 - Other: 60

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 09/09/2024 by:

Denise Mercil, Field Service Representative, Securian Financial
(808) 282-6783, Denise.Mercil@Securian.com



Monthly Carrier Report – Hawaii EUTF

Date: August 08, 2024
Carrier: Securian Financial
Report Period: July 2024

Customer Service, Utilization and Performance Data

- Group Term Life Claims Paid: 150
- Active Employee Claims: 9
- Retiree Claims: 187
- 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: 189
- Average Speed to Answer: 5 seconds
- Abandonment rate of all calls received: 0.53%
- Average Call Duration: 5 minutes 41 seconds
- Requests by Category:
 - Claims: 2
 - Member information changes or updates: 47
 - Policy related requests: 105
 - Other: 37

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 08/08/2024 by:
Denise Mercil, Field Service Representative, Securian Financial
(808) 282-6783, Denise.Mercil@Securian.com



Monthly Carrier Report

Date: September 9, 2024

Plan: EUTF Supplemental Medical and Prescription Drug Plan

Carrier: Verdegard Hawaii formerly known as HMA

Period Report Covers: August 1st, 2024 through August 31st, 2024

Customer Service Utilization and Performance Data

Total number of employees enrolled: 541

Total number of members enrolled: 1468

Total number of claims paid: 310

Average turnaround time: 22 days

Call Center Statistics

Number of Calls: 29

Average Speed of Answer From a Live Body: 12 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 (480)-921-8944 ext 3319 with any questions or clarification concerning this report.

Sincerely,
Salena Atencio



Account Management
Verdegard Hawaii

Monthly Carrier Report

Date: August 8, 2024

Plan: EUTF Supplemental Medical and Prescription Drug Plan

Carrier: Verdegard Hawaii formerly known as HMA

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

Customer Service Utilization and Performance Data

Total number of employees enrolled: 549

Total number of members enrolled: 1485

Total number of claims paid: 166

Average turnaround time: 23 days

Call Center Statistics

Number of Calls: 16

Average Speed of Answer From a Live Body: 8 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 (480)-921-8944 ext 3319 with any questions or clarification concerning this report.

Sincerely,
Salena Atencio



Account Management
Verdegard Hawaii

Monthly Carrier Report

Date: September 8, 2024

To: **EUTF Board of Trustees**

From: VSP Vision Care 
 Monica Kim, Market Director - Hawaii

Report Period: **AUGUST 2024**

• **Customer Service Utilization Data:**

- EUTF customer walk-ins to the VSP Hawaii Office in August 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

- Number of Calls Company-Wide: 810,758 calls

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

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

Q2 2024 Results included in VSP's Performance Standards Report

- Number of calls: 259 Active & 351 Retiree calls
- Average speed of answer (# of seconds before live body answers calls): 28 seconds
- Call abandonment rate: 0.66%
- Average call duration: 3 minutes 25 seconds

EUTF Member Call Response Report (combined): 259 Active & 351 Retiree calls

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

• **Complaints:**

- Number of Complaints*: 7 (4 Active & 3 Retiree)
- Average turnaround time complaints were responded to:
 - Call Resolution (same day) 57%
 - Complaint Acknowledgement within 5 business days 100%
 - Complaint Resolution within 30 calendar days 100%
- Breakdown of complaints by subject matter:
 VSP Confidential Complaint & Grievance Summary Reports (Active & Retiree) enclosed
 - Number Resolved 7
 - 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
 August 2024

On average, for 1,000 subscribers, VSP receives 7 calls per month

Total Client Calls

259

<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	3	1.16%	1.18%
	Out of Network Claim	11	4.25%	2.46%
Complaints	Complaint	1	.39%	.41%
Doctor Access	Specialty_Services	1	.39%	.01%
Doctor Referral	Provided Dr List	9	3.47%	4.74%
Eligibility Not Online IVA Service	Member Not Active	1	.39%	1.06%
	Benefits Description link received	66	25.48%	25.16%
	Dependent Benefits Description	1	.39%	.70%
	Dependent Check Eligibility	5	1.93%	1.82%
	Member Benefits Description	11	4.25%	4.78%
	Member Check Eligibility	35	13.51%	14.83%
	Provided Dr List	1	.39%	.64%
	Provider List Link received	1	.39%	.91%
Member Authorization	Issuing	1	.39%	.69%
Member Benefits & Services	Available Services	42	16.22%	13.04%
	Benefits Description	44	16.99%	14.55%
	Correct Member/Dependent Info	3	1.16%	.70%
Member VSP.com	ID Number/ID Card Inquiry	8	3.09%	3.77%
	Claim Submission	1	.39%	.41%
	Password Reset	4	1.54%	2.13%
	Register / Update Account	3	1.16%	1.92%
TPA/Individual Plan	Change/Cancel	3	1.16%	1.34%
	Premiums/Billing	4	1.54%	.98%
Grand Total		259		

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
 August 2024

On average, for 1,000 subscribers, VSP receives 7 calls per month

Total Client Calls

351

<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	6	1.71%	1.18%
	Out of Network Claim	10	2.85%	2.46%
Complaints	Complaint	2	.57%	.41%
	Provided Dr List	22	6.27%	4.74%
Doctor Referral	Completed Check Eligibility Process	3	.85%	.02%
	Refer to Client	1	.28%	.59%
Eligibility Not Online	Benefits Description link received	79	22.51%	25.16%
	Dependent Benefits Description	1	.28%	.70%
IVA Service	Dependent Check Eligibility	1	.28%	1.82%
	Member Benefits Description	21	5.98%	4.78%
	Member Check Eligibility	51	14.53%	14.83%
	Provided Dr List	1	.28%	.64%
Member Authorization	Provider List Link received	8	2.28%	.91%
	Issuing	1	.28%	.69%
Member Benefits & Services	Available Services	56	15.95%	13.04%
	Benefits Description	48	13.68%	14.55%
	Correct Member/Dependent Info	4	1.14%	.70%
	ID Number/ID Card Inquiry	23	6.55%	3.77%
Member VSP.com	Medically Related	2	.57%	.17%
	Password Reset	7	1.99%	2.13%
	Register / Update Account	4	1.14%	1.92%
Grand Total		351		

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.

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

Complaint Category: Member

Complaint Description	AUG	TOTAL
MEMBER UNHAPPY WITH DOCTOR REGARDING OTHER PROVIDERS-OPEN ACCESS	1	1
MEMBER UNHAPPY WITH VSP REGARDING CLAIM PROCESSING-PROCEDURE S/ACCURACY	1	1
MEMBER UNHAPPY WITH VSP REGARDING MISINFORMATION-FROM VSP	1	1
MEMBER UNHAPPY WITH VSP REGARDING PROFESSIONALISM-BY VSP	1	1
TOTAL	4	4

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


Complaint Category: Member

Complaint Description	AUG	TOTAL
MEMBER UNHAPPY WITH DOCTOR REGARDING OFFICE-DIFFICULT TO CONTACT	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING SERVICE-EXAM	1	1
MEMBER UNHAPPY WITH DOCTOR REGARDING SERVICE-PRESCRIPTION ERRORS > CONTACT LENSES	1	1
TOTAL	3	3

Monthly Carrier Report

Date: August 8, 2024

To: **EUTF Board of Trustees**

From: VSP Vision Care 
 Monica Kim, Market Director - Hawaii

Report Period: **JULY 2024**

• **Customer Service Utilization Data:**

- EUTF customer walk-ins to the VSP Hawaii Office in July 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

- Number of Calls Company-Wide: 822,401 calls

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

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

Q2 2024 Results included in VSP's Performance Standards Report

- Number of calls: 118 Active & Retiree calls
- Average speed of answer (# of seconds before live body answers calls): 61 seconds
- Call abandonment rate: 0.00%
- Average call duration: 3 minutes 13 seconds

EUTF Member Call Response Report (combined): 382 Active & 274 Retiree calls

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

• **Complaints:**

- Number of Complaints*: 8 (5 Active & 3 Retiree)
- Average turnaround time complaints were responded to:
 - Call Resolution (same day) 100%
 - Complaint Acknowledgement within 5 business days 100%
 - Complaint Resolution within 30 calendar days 100%
- Breakdown of complaints by subject matter:
 VSP Confidential Complaint & Grievance Summary Reports (Active & Retiree) enclosed
 - Number Resolved 8
 - 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
 July 2024

On average, for 1,000 subscribers, VSP receives 7 calls per month

Total Client Calls

382

<u>Reason</u>	<u>Reason For Calling</u>	<u>Client Counts</u>	<u>Client Percent</u>	<u>VSP Percent BOB</u>
Claims	Available Services	1	.26%	.00%
	In-Network Claim	5	1.31%	1.09%
	Out of Network Claim	10	2.62%	2.36%
Doctor Access	Distance/Drive Time	1	.26%	.05%
	Provided Dr List	6	1.57%	4.38%
Doctor Referral	Dependent Not Listed	1	.26%	.11%
Eligibility Not Online	Member Not Active	2	.52%	1.05%
	Member Not Found	1	.26%	.16%
	Benefits Description link received	102	26.70%	26.47%
IVA Service	Dependent Benefits Description	3	.79%	.69%
	Dependent Check Eligibility	7	1.83%	1.81%
	Member Benefits Description	15	3.93%	5.01%
	Member Check Eligibility	59	15.45%	15.69%
	Provided Dr List	1	.26%	.71%
Language Assistance / Translation	Provider List Link received	2	.52%	1.00%
	Spanish	2	.52%	.14%
Member Authorization	Issuing	4	1.05%	.69%
Member Benefits & Services	Available Services	59	15.45%	11.89%
	Benefits Description	62	16.23%	14.60%
	Correct Member/Dependent Info	5	1.31%	.66%
	ID Number/ID Card Inquiry	12	3.14%	3.38%
	Medically Related	1	.26%	.19%
	Patient Paid Privately	1	.26%	.07%
Member VSP.com	Claim Submission	5	1.31%	.39%
	Password Reset	4	1.05%	1.98%
	Register / Update Account	7	1.83%	1.81%
TPA/Individual Plan	Change/Cancel	1	.26%	1.30%
	Premiums/Billing	3	.79%	.95%
Grand Total		382		

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
 July 2024



On average, for 1,000 subscribers, VSP receives 7 calls per month

Total Client Calls

274

<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	5	1.82%	1.09%
	Out of Network Claim	13	4.74%	2.36%
Complaints	Complaint	1	.36%	.41%
Doctor Access	Distance/Drive Time	1	.36%	.05%
Doctor Referral	Provided Dr List	5	1.82%	4.38%
Eligibility Not Online	Member Not Active	1	.36%	1.05%
IVA Service	Benefits Description link received	67	24.45%	26.47%
	Member Benefits Description	15	5.47%	5.01%
	Member Check Eligibility	49	17.88%	15.69%
Member Authorization	Issuing	2	.73%	.69%
Member Benefits & Services	Available Services	48	17.52%	11.89%
	Benefits Description	43	15.69%	14.60%
	ID Number/ID Card Inquiry	12	4.38%	3.38%
	Medically Related	1	.36%	.19%
	Patient Paid Privately	1	.36%	.07%
Member VSP.com	Password Reset	3	1.09%	1.98%
	Register / Update Account	5	1.82%	1.81%
TPA/Individual Plan	Change/Cancel	1	.36%	1.30%
	Premiums/Billing	1	.36%	.95%
Grand Total		274		

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: 08/05/2024 at 19.11.10

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
 July 2024 - July 2024
 State: ALL

Complaint Category: Member

Complaint Description	JUL	TOTAL
MEMBER UNHAPPY WITH CLIENT REGARDING ELIGIBILITY-MEMBER/DEPENDENT	1	1
MEMBER UNHAPPY WITH VSP REGARDING CLAIM PROCESSING-PROCEDURES/ACCURACY	1	1
MEMBER UNHAPPY WITH VSP REGARDING DOCTOR NETWORK-GENERAL COMPLAINTS	1	1
MEMBER UNHAPPY WITH VSP REGARDING MISINFORMATION-FROM VSP	1	1
MEMBER UNHAPPY WITH VSP REGARDING PROFESSIONALISM-BY VSP	1	1
TOTAL	5	5

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

Complaint Category: Member

Complaint Description	JUL	TOTAL
MEMBER UNHAPPY WITH VSP REGARDING CLAIM PROCESSING-PROCEDURE S/ACCURACY	1	1
MEMBER UNHAPPY WITH VSP REGARDING DOCTOR NETWORK-GENERAL COMPLAINTS	1	1
MEMBER UNHAPPY WITH VSP REGARDING POLICIES-AOB/OON	1	1
TOTAL	3	3