JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

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

July 22, 2026

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

DATE: July 28, 2026, Tuesday

TIME: 9:00 a.m.

PLACE: HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)
CITY FINANCIAL TOWER
201 MERCHANT STREET, SUITE 1700
HONOLULU, HAWAII

A G E N D A

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

I. Call to Order

II. Review of Minutes – June 23, 2026

III. New Business
A. The Queens Health Systems - HMSA and HPH Partnership

IV. Old Business
A. Kona Low Storms Update

III. New Business (continued)
B. Benefits Administration System Status Update
C. 2027 Base Monthly Contribution and Retiree Premiums
D. Humana Proposed Plan Changes
E. Kaiser Permanente Update on Medicare GLP-1 Bridge Program

V. Reports
A. EUTF Benefits Consultant (Segal)
1. Compliance News

2. 2026 Second Quarter Trends Report
3. Five-Year Rate Projection with Approved 2027 Retiree Rates

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. 2026 Active Open Enrollment
2. Information Systems (IS)
a. EUTF Benefits Administration System (BAS) Project
b. Website Template Migration Project
c. Enrollment Counts
3. Eligibility and Enrollment Report
a. Audits Currently in Progress
b. Point in Time Reconciliation Audits
c. Recurring Audits
4. Health and Wellness Report
a. Worksite Wellness
b. Preventive Health
c. Chronic Disease Management
5. Financial Services Branch (FSB)
a. FSB Performance Data
b. Refunds and Medicare Part B Overpayments Status
c. EUTF Collections
d. 2026 Financial Statements Audit
e. Financial Statements as of May 31, 2026

D. Carrier Reports
1. CVS Caremark
2. SilverScript
3. Hawaii Dental Service (HDS)
4. Hawaii Medical Service Association (HMSA)
5. Humana
6. Kaiser Permanente
7. Securian
8. Verdegard Hawaii
9. Vision Service Plan (VSP)

VI. Executive Session

A. RFP 21-001 Benefit Consulting Services [Authorized under HRS 92-5(a)(8)(HRS 103D)]

B. Personnel [Authorized under HRS 92-5(a)(2)(8)]

C. Deputy Attorney General Legal Opinions [Authorized under HRS 92-5(a)(4) and 92-5(a)(6)]
D. Review of Minutes – June 23, 2026 [Authorized under HRS 92-5(a)(8) and 92-9(b)]

VII. Next Meeting
Tuesday, August 25, 2026, 9:00 a.m. – Administrative, Benefits and Investment Committee Reports

VIII. 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 mailed or delivered in person 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:

- **Join the meeting now** or copy and paste the following URL into your browser: https://teams.microsoft.com/l/meetup-join/19%3ameeting_YzczNGU3NjQtNzUyMS00NDFjLWJkZjctMWJiYzUyZWY5NGRj%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
  - If prompted, enter:
    - Meeting ID: 238 084 422 714 79
    - Passcode: Sp2B6pP7
  - For instructions to turn on live captions in Microsoft Teams, please click here.
- Dial-in number: +1 808-829-4853 United States, Honolulu (Toll)
  - Phone Conference ID: 679 988 457#

A listing of all documents included in the Board packet will be available at the EUTF website (eutf.hawaii.gov) through the Events Calendar three (3) business days prior to the meeting.

The Board packet can be accessed at the EUTF website (eutf.hawaii.gov) through the Events Calendar three (3) 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.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
Minutes of the Board of Trustees
Tuesday, June 23, 2026

TRUSTEES PRESENT

Mr. James Wataru, Chairperson
Mr. Osa Tui, Vice Chairperson
Ms. Sabrina Nasir, Secretary-Treasurer (via video conference)
Ms. Jacqueline Ferguson-Miyamoto
Mr. Christian Fern
Mr. Brian Furuto
Ms. Kristen Sakamoto
Ms. Maureen Wakuzawa
Mr. Robert Yu

TRUSTEES ABSENT

Mr. Aedward Los Banos

ATTORNEY

Mr. Michael Chambrella, Deputy Attorney General

EUTF STAFF (in person, unless otherwise noted)

Ms. Donna Tonaki, Assistant Administrator
Ms. Amy Cheung, Financial Management Officer
Mr. Michael Gadach, Information Systems Chief
Ms. Jessica McDonald, Member Services Branch Manager
Ms. Desiree Yamauchi
Ms. Emily Kaimuloa (via video conference)
Ms. Katie Matsushima
Ms. Lara Nitta(via video conference)
Ms. Melissa Tom (via video conference)
Ms. Mary Zane (via video conference)

CONSULTANTS (via video conference, unless otherwise noted)

Mr. Tyler Brotz, Segal Consulting
Ms. Mary Fedor, Segal Consulting
Ms. Tammy Halter, Segal Consulting (in person)
Mr. Stephen Murphy, Segal Consulting
Mr. Richard Ward, Segal Consulting

OTHERS PRESENT (via video conference, unless otherwise noted)

Mr. Blaise Aquino, HMSA
Ms. Stacia Baek, HDS
Mr. Kevin Balaok, With.Intelligence
Ms. Sandra Benevides, CVS
Mr. Ty Bowers, CVS
Mr. Francis Cuenca, CVS
Mr. Thomas England, Kaiser
Ms. Nancy Froelich, Kaiser
Ms. Samantha Furutani, CVS
Mr. Galen Haneda, HMSA
Mr. Gabe Hellinger, Humana
Ms. Amber Kanehailua
Ms. Meagan Kini-Ho, HMSA
Ms. Mae Kishimoto, HSTA-Retired
Ms. Joey Lee, HDS
Mr. Kenneth Lee, Kaiser
Ms. Denise Mercil, Securian
Dr. Christopher Miura, Kaiser
Mr. Kurt Neuenfeld, CVS
Ms. Canela Queiruga, Verdegard
Ms. Kelsi Quon, HMSA
Ms. Taylor Relich, CVS
Ms. Michelle Sasaki, HMSA
Mr. Troy Tomita, Kaiser (in person)
Ms. Valerie Wang, Kaiser (in person)
Anonymous

I. CALL TO ORDER

The meeting of the Board of Trustees of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) was called to order at 9:00 a.m. by Chairperson James Wataru, in the EUTF Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Tuesday, June 23, 2026.

II. REVIEW OF MINUTES – MAY 26, 2026

The Board reviewed the draft minutes of May 26, 2026. Since there were no edits or objections by the Trustees, the minutes stand approved.

III. EXECUTIVE SESSION

MOTION was made and seconded to move into Executive Session at 9:01 a.m. (Tui/Yu) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

The regular meeting reconvened at 9:44 a.m.

Chairperson Wataru reported that during Executive Session, the Board:

- Approved an appeal to add a dependent to plans.
- Approved an appeal to waive collection of employer contributions related to an ex-spouse.

IV. OLD BUSINESS

A. Kona Low Storms Update

Ms. Amy Cheung recommended postponement of canceling members for non-payment and waiving submission deadlines for qualifying events for two members affected by the Kona Low storms for July and the two members are to complete another notarized affidavit.

MOTION was made and seconded to waive EUTF Administrative Rules section 4.11(b) *Cancellation Due to Failure to Pay Contribution Shortage* for the month of July 2026 for the two members to complete another notarized affidavit that they were negatively impacted by the storms. (Tui/Sakamoto) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

V. NEW BUSINESS

A. Humana Proposed Plan Changes

Mr. Gabe Hellinger, Humana, proposed removing application of the deductible for all diabetic monitoring supplies except continuous glucose monitors from a durable medical equipment provider or non-preferred pharmacy effective January 1, 2027.

MOTION was made and seconded to remove application of the deductible for all diabetic monitoring supplies except continuous glucose monitors from a durable medical equipment provider or non-preferred pharmacy under the Humana Medicare Advantage Plan effective January 1, 2027. (Tui/Ferguson-Miyamoto) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

B. Kaiser Permanente Proposed Plan Changes

Mr. Troy Tomita, Kaiser Permanente, proposed changing the day supply limit for maintenance medications from 90 to 100 days under the Kaiser Permanente non-Medicare retiree and active plans effective January 1, 2027.

MOTION was made and seconded to change the day supply limit for maintenance medications from 90 to 100 days under the Kaiser Permanente EUTF and HSTA VB non-Medicare retiree and active plans effective January 1, 2027. (Tui/Ferguson-Miyamoto) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

C. Maximum Out-of-Pocket (MOOP) for Medicare Part D Prescription Drug

1. Kaiser Permanente

Mr. Tomita proposed to align the Kaiser Medicare Part D prescription drug MOOP

with the CMS True Out-of-Pocket limit (TrOOP) starting January 1, 2027.

MOTION was made and seconded to align the Part D MOOP under the EUTF and HSTA VB Kaiser Permanente Senior Advantage (KPSA) plans with the CMS TrOOP effective January 1, 2027. (Yu/Ferguson-Miyamoto) The motion failed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

2. SilverScript
Mr. Ty Bowers, SilverScript, proposed to align the EUTF prescription drug MOOP for EUTF and HSTA VB Medicare members with the annual CMS Spending Cap amount starting January 1, 2027.

No motion was made.

D. Prescription Drug Plan Retiree Rates Effective January 1, 2027 – Caremark and SilverScript
Mr. Richard Ward, Segal Consulting, presented the prescription drug plan retiree rates effective January 1, 2027 noting historical surpluses/deficits, previous plan changes, and Medicare subsidy changes and Maximum Fair Price drug negotiations.

MOTION was made and seconded to approve the proposed prescription drug plan retiree premiums effective January 1, 2027. (Tui/Ferguson-Miyamoto) The motion passed unanimously. (Employer Trustees-4/Employee-Beneficiary Trustees-5)

VI. REPORTS

A. EUTF Benefits Consultant (Segal)
1. Compliance News
Ms. Tammy Halter, Segal Consulting, summarized the Segal 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. 2026 Active Open Enrollment
Ms. Tonaki provided the Board with active employee open enrollment statistics.

2. Information Systems (IS)
a. EUTF Benefits Administration System (BAS) Project
b. Enrollment Counts
3. Eligibility and Enrollment Report
a. Audits Currently in Progress
b. Point in Time Reconciliation Audits
c. Recurring Audits
4. Health and Wellness Report

a. Worksite Wellness
b. Preventive Health
c. Chronic Disease Management

5. Financial Services Branch (FSB)
a. FSB Performance Data
b. Refunds and Medicare Part B Overpayments Status
c. EUTF Collections
d. Financial Statements as of April 30, 2026

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
9. Vision Service Plan (VSP)

III. EXECUTIVE SESSION (continued)

The Board meeting recessed and moved into Executive Session at 10:13 a.m.

The regular meeting reconvened at 11:01 a.m.

Chairperson Wataru reported that during Executive Session, the Board:

- Approved retiree premiums for HMSA, Kaiser, Humana, HDS, and Securian effective January 1, 2027.
- Reviewed and discussed the May 26, 2026 minutes. Since there were no edits, the minutes stand approved.

VII. NEXT MEETING

Tuesday, July 28, 2026, 9:00 a.m. – Benefits Administration System Update

VIII. ADJOURNMENT

MOTION was made and seconded for the Board to adjourn the meeting at 11:03 a.m. (Yu/Ferguson-Miyamoto) The motion passed unanimously. (Employer Trustees-4/ Employee-Beneficiary Trustees-5)

Documents Distributed:

1. Draft Board Minutes for May 26, 2026. (6 pages)
2. Memorandum to BOT from Financial Management Officer, regarding Update on the Waiver of EUTF Administrative Rule Related to Non-Payment of Premiums 4.11(b) and Failure to File Supporting Documents Timely 4.05(b) Due to Kona Low Storms, dated June 12, 2026. (1 page)
3. Memorandum to EUTF BOT from Humana, regarding 2027 Humana Medicare Advantage Plan Benefit changes, dated June 23, 2026. (2 pages)
4. Memorandum to BOT EUTF from Kaiser Permanente, regarding 100-Day Prescription Supply, Commercial Population, dated June 23, 2026, Redacted Version. (1 page)

5. Memorandum to BOT EUTF from Kaiser Permanente, regarding 2027 KPSA Part D Threshold, dated June 23, 2026, Redacted Version. (1 page)
6. Memorandum to BOT EUTF from SilverScript, regarding 2027 Maximum Out-of-Pocket Alignment, dated June 23, 2026. (2 pages)
7. Memorandum to BOT EUTF from Segal, regarding 2027 Retiree Prescription Drug Rates, dated June 23, 2026. (6 pages)
8. Memorandum to BOT EUTF from Segal, regarding Segal Reports – Compliance News, dated June 23, 2026. (10 pages)
9. Administrator's Monthly Report to the Board for May 15, 2026 – June 12, 2026, dated June 12, 2026. (1 page)
10. Memorandum to BOT from Member Services Branch Manager, regarding May – June 2026 Member Services Operations Report, dated June 12, 2026. (7 pages)
11. Memorandum to BOT from Information Systems Chief, regarding May – June 2026 Information Systems (IS) Operations Report, dated June 12, 2026. (9 pages)
12. Memorandum to BOT from Eligibility Specialist regarding May – June 2026 Eligibility and Enrollment Report, dated June 12, 2026. (2 pages)
13. Memorandum to EUTF BOT from Health and Wellness Specialist regarding May – June Health and Wellness Specialist Report, dated June 12, 2026. (7 pages)
14. Memorandum to BOT from EUTF Financial Management Officer regarding May – June 2026 Financial Services Branch (FSB) Report, June 12, 2026. (15 pages)
15. CVS/Caremark Monthly Carrier Report for May 2026 dated June 10, 2026. (2 pages)
16. SilverScript Monthly Carrier Report for May 2026 dated June 1, 2026. (2 pages)
17. HDS Monthly Carrier Report for May 2026 dated June 9, 2026. (2 pages)
18. HMSA Monthly Carrier Report for May 2026 dated June 9, 2026. (4 pages)
19. Humana Monthly Carrier Report for May 2026 dated June 8, 2026. (3 pages)
20. Kaiser Permanente Monthly Carrier Report for May 2026 dated June 9, 2026. (2 pages)
21. Securian Financial Monthly Carrier Report for May 2026 dated June 4, 2026. (1 page)
22. Verdegard Hawaii Monthly Carrier Report for May 2026 dated June 3, 2026. (2 pages)
23. VSP Vision Care Monthly Carrier Report for May 2026 dated June 9, 2026. (6 pages)

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

July 16, 2026

TO: Board of Trustees

THROUGH: Donna Tonaki, Assistant Administrator

FROM: Amy Cheung, Financial Management Officer ac

SUBJECT: Update on the Waiver of EUTF Administrative Rule Related to Non-Payment of Premiums 4.11(b) and Failure to File Supporting Documents Timely 4.05(b) Due to Kona Low Storms

Background
At the April 28, 2026 Board meeting, the board approved a temporary waiver of terminations for non-payment of premiums and submission deadlines for members affected by the Kona low storms (storms) for the month of May. The board extended the waivers through June at the May 26, 2026 meeting. At the last meeting on June 23, 2026, the board extended the waiver for the month of July 2026 for two affected members and to have them complete another notarized affidavit.

Current Situation
EUTF staff mailed the affidavits to the two affected members and spoke with them regarding their situation:

- One member will be making payments in August as there are no further storm-related impacts.
- Second member will be returning to work and payroll deductions for premiums payments are expected to resume in August.

We received one affidavit at this time. The other member has until July 24th to submit for waiver for the month of July 2026.

Recommendations
Based on the current status of both members, an additional extension of the temporary waiver does not appear to be necessary. Staff recommends that the temporary waiver of non-payment terminations not be extended beyond July, as both members are no longer negatively impacted by the storms.

TELUS Health

Hawaii EUTF – Ariel BAS Update

July 28, 2026

2026 Sprints

Sprint 1: PCP, Address Updates, Email Notifications, Expiry – COMPLETE (1/28/2026)

Sprint 2: Email and Phone Numbers on Carrier Files – ~~3/31/2026~~ 12/31/2026

Sprint 3: Plan Changes for Active OE – COMPLETE (4/15/2026)

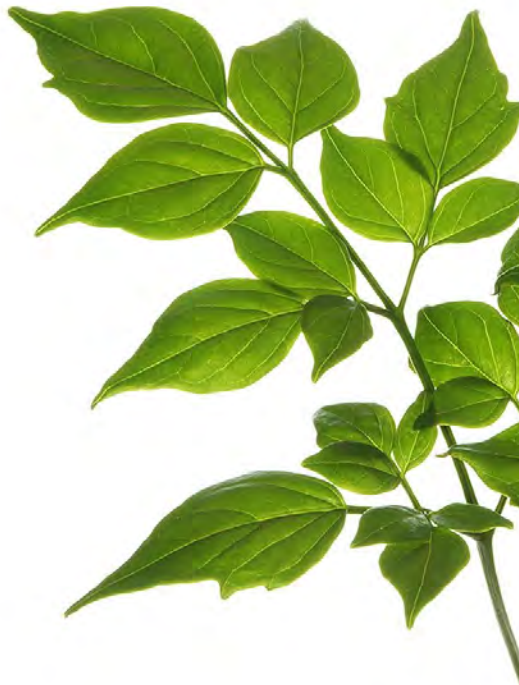
Sprint 4: Refunds to Members – ~~6/30/2026~~ 9/7/2026 or sooner

Sprint 5: Core System Upgrade (up to R3) – ~~7/11/2026~~ 10/9/2026

Sprint 6: Portion of Communications – ~~9/16/2026~~ 10/19/2026

Sprint 7: Retiree OE – 11/18/2026

Sprint 8: EDI Address Updates, Remaining Communications, Member Portal – 12/31/2026



2025 Projects

Item	Population Impacted	Planned Production Date	Details	Status
Address Updates	377	~~12/31/2025~~ ~~1/28/2026~~ 6/30/2026	- Review Address uploading logic from HRIS files and update per review – Complete (1/28/2026). - Cleanup Added: Multiple addresses and Address without Primary indicator 95% Complete and 5% require manual review.	Complete

2026 Projects

Item	Population Impacted	Planned Production Date	Details	Status
Sending Email and Phone Number to Carriers	All who consent	~~3/31/2026~~ 12/31/2026	Carrier files to send email and phone numbers for members who consent. Pending requirements gathering, EDI data-pull details, and carrier confirmations.	In Progress
Address Updates that affect EDI Files	ALL	~~6/30/2026~~ 12/31/2026	EDI Issues to be verified and resolved for address issues that were not resolved by the 2025 Address Updates. ▪ Extended timeline to implement a more effective solution.	In Progress
Refunds to Members	Approx. 7,300	~~6/30/2026~~ 9/7/2026 or sooner	Develop logic to electronically identify refunds related to terminated employees, deaths, and terminated due to non-payment. ▪ Timeline adjusted to address findings identified during testing. Testing is still in progress with implementation expected by the new planned production date or sooner.	In Progress

2026 Projects

Item	Population Impacted	Planned Production Date	Details	Status
Member Portal: Address Data Validation	Retiree	~~7/11/2026~~ 10/9/2026	Member Portal Update: New Request to add validation to ensure Retiree selects a primary address indicator when updating their address.	In Progress
Member Portal Improvements	Actives	12/31/2026	Feedback from EUTF Board of Trustees and EUTF staff under review with IT.	In Progress
Communications to Members	ALL	12/31/2026	Implement remaining changes found in 2025 review.	In Progress
HMSA Vision	Retiree 1/1/27 Active 7/1/27	11/18/2026	Update changes for new vision carrier.	Planning

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

July 16, 2026

TO: Board of Trustees

THROUGH: Donna Tonaki, Assistant Administrator

FROM: Amy Cheung ae
EUTF Financial Management Officer

SUBJECT: 2027 Base Monthly Contribution and Retiree Premiums

The Base Monthly Contribution (BMC) is determined by the change in Medicare Part B premiums from the current calendar year to the next. Because the Centers for Medicare and Medicaid Services (CMS) typically announces the new Medicare Part B premiums late in the calendar year, often during or after the EUTF retiree open enrollment period, retirees may not know the BMC when they select their plans during open enrollment. To resolve this timing issue, Act 54, Session Laws of Hawaii (SLH) 2025 established a one-time stub year for the BMC which was implemented last year. The 2026 BMC was adjusted by an increase of 5.2% based on the 5- and 10- year annualized growth rate through 2024. For 2027, the BMC will be adjusted by 9.7%, reflecting the one-year lag based on the actual change in Medicare Part B premiums from 2025 to 2026.

Attached is a comparison of the 2027 retiree premiums and the base monthly contribution amounts.

EUTF Retiree Benefit

2027 BMC and Premiums	Humana	Kaiser	HMSA	100% BMC	75% BMC	50% BMC
Medicare (including medical, Rx, dental and vision)						
Self	$287	$559	$563	$1,066	$800	$533
2-Party	563	1,091	1,097	2,137	1,603	1,068
Family*	809	1,589	1,599	3,112	2,334	1,556
Non-Medicare (including medical, Rx, dental and vision)						
Self	NA	$880	$1,146	$1,497	$1,122	$748
2-Party	NA	1,774	2,234	3,016	2,262	1,508
Family	NA	2,590	3,284	4,415	3,311	2,207

* Enrollment in the Humana plan is limited to three people.

Memorandum

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

From: Gabe Hellinger, Humana
Date: July 28, 2026
Re: 2027 Humana Medicare Advantage CMS Mandated Plan Benefit change

---

On April 22, 2026, the Centers for Medicare & Medicaid Services (CMS) issued final 2027 bid and operational instructions for Medicare Advantage organizations, which established Part C maximum out-of-pocket (MOOP) and certain service category (such as emergency services) cost sharing limits for employer group health plans. The EUTF MOOP falls under the CMS Lower MOOP threshold which allows greater flexibility in cost sharing requirements.

Current Benefit

EUTF's plan design currently reflects a 10% member coinsurance for Emergency Services.

Proposed Benefit

To meet the 2027 CMS Cost Share Update Requirements, Humana proposes the following member cost share options for emergency services (in- and out-of-network) under the EUTF Humana Medicare Advantage plan effective January 1, 2027:

	Current	Proposed Option 1	Proposed Option 2	CMS Lower MOOP Threshold	CMS Mandatory MOOP Threshold
MOOP (combined IN and OON)	$2,500	$2,500	$2,500	$6,700	$14,800
Emergency Services	10%[1] (about $160)	9%[1] (about $144)	$50 copay[1]	$150	$115

[1] Member cost share is waived if admitted to the hospital within 24 hours. Deductible does not apply.

Identifying and implementing cost share updates based on CMS updates is an annual and required process. Please note that both options are a better benefit for the members.

Reference:

Final CY 2027 Part C Bid Review Memorandum (4/22/26):
mabenefitsmailbox.lmi.org/MABenefitsMailbox

Rate Impact

None. The incremental cost of this enhancement is expected to be minimal and has no impact on overall pricing.

Member Impact

- 190 unique claims (EUTF Claims data for 05/01/2024-current)
- $4,251 Total Member Paid
- $55,408 Total Plan Paid
- $59,659 Total Gross Paid (or $314 per claim). While the EUTF-specific gross cost per claim is low, the manual rating pool that the EUTF is a part of (all clients with less than 1,000 members) is using $1,600 as the eligible charge.

KAISER PERMANENTE®

Memorandum

To: The Board of Trustees
Hawaii Employer-Union Health Benefits Trust Fund
From: Troy Tomita, Kaiser Permanente
Date: July 28, 2026
Re: Medicare GLP-1 Bridge Program

Program Overview

Kaiser Permanente (KP) pharmacies and providers are participating in the CMS Medicare GLP-1 Bridge Program. The program is a temporary CMS initiative designed to expand access to select GLP-1 medication for weight management for eligible Medicare Part D members and to allow CMS to collect data on GLP-1 utilization ahead of potential implementation of the BALANCE program in 2028. The program runs from July 1, 2026 through December 31, 2027. KP's participation in the GLP-1 Bridge Program does not obligate KP to participate in the BALANCE program.

To qualify for coverage, members must:

- Be enrolled in Medicare Part D
- Be 18 years or older
- Meet established CMS clinical criteria
- Have a prior authorization and prescription submitted by a KP physician

KPSA GLP-1 Part D Benefit

GLP-1 medications prescribed for the treatment of diabetes or other approved medical condition are covered under the KPSA Part D prescription drug benefit. However, GLP-1 medications prescribed solely for weight management or weight loss are not covered under the KPSA Part D benefit.

GLP-1 Bridge Benefit

Eligible members may receive the following covered medications through the Medicare GLP-1 Bridge Program at a flat $50 copay for a 30-day supply:

- Foundayo (tablet)
- Wegovy (injection or tablet)
- Zepbound (KwikPen only)

This plan operates outside the standard Part D benefit, and it is important to note that:

- Costs incurred through the Bridge Program do not count toward Medicare Part D True Out-of-Pocket (TrOOP) expenses.
- Costs do not apply toward the annual Medicare Part D out-of-pocket maximum.
- Bridge claims will not appear on a member's Medicare Part D Explanation of Benefits (EOB).

Program Operations and Rate Impact

The Medicare GLP-1 Bridge Program is a CMS-specific program that is administered by CMS through a central processor. This program operates outside of Medicare Part D, and KP and EUTF are not financially responsible for Bridge claims.

- CMS manages prior authorization review, claims processing, and pharmacy reimbursement.
- Coverage determinations are made by CMS, not KP. For Bridge-eligible prescriptions, the pharmacy routes the claim through the CMS Bridge processor using the designated Bridge billing pathway. The claim is expected to trigger a prior authorization (PA) requirement before the prescriber submits the PA request. CMS materials indicate that the PA decision is communicated within 72 hours of the PA submission.
- KP providers submit prior authorization requests and prescriptions for clinically appropriate members.
- KP pharmacies dispense medications approved through the CMS workflow.

Member Impact

It is difficult for us to provide EUTF-specific projections as eligibility is determined by CMS and is based on a combination of factors including clinical criteria, qualifying BMI and comorbidities.

CMS is responsible for primary beneficiary communication about the GLP-1 Bridge program. CMS is communicating directly to beneficiaries through official Medicare channels, directing them to Medicare GLP-1 Bridge information and FAQs or to call 1-(800)-MEDICARE for information.

Richard Ward, FSA, FCA, MAAA
West Region Market Director, Public Sector
T 956.818.6714
M 619.710.9952
RWard@segalco.com

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

Memorandum

To: Board of Trustees
Hawai'i Employer-Union Health Benefits Trust Fund

From: Richard Ward, FSA, FCA, MAAA

Date: July 28, 2026

Re: **Segal Reports - Compliance News**

Attached, for the Board of Trustee's information, is the latest compliance update impacting EUTF's health plans.

Final Rule on Independent Dispute Resolution Operations

In May, the Departments of Labor, Health and Human Services, and Treasury (the Departments) along with the office of Personnel Management (OPM) issued a final rule updating the Independent Dispute Resolution (IDR) process under the No Surprises Act (NSA), a federal law that protects members from unexpected out-of-network medical bills in certain emergency and facility situations.

The final rule streamlines IDR operations through enhanced communication requirements, standardized negotiation procedures, updated eligibility and batching rules, and lower administrative fees with the goal of improving efficiency and reducing delays. As a fully insured plan, EUTF's medical vendors, HMSA and Kaiser, will be responsible for implementing the new IDR operational requirements. Most changes become effective beginning August 3, 2026, with additional requirements taking effect November 1, 2026.

Attachment

cc: Donna Tonaki, EUTF
Lara Nitta, EUTF

Final Rule on Independent Dispute Resolution Operations

Compliance News I June 5, 2026

The Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments) along with the Office of Personnel Management (OPM) issued a final rule regarding the independent dispute resolution (IDR) operations under the No Surprises Act. The final rule aims to make improvements, particularly related to communications among group health plans and insurers, providers, and facilities with the certified IDR entities.

The final rule includes varying applicability dates ranging from August 3, 2026, the effective date of the regulation, to 90 days after the effective date, depending on the specific provision.

While the final rule is intended to improve IDR operations, it does not address other challenges.

Background on IDR implementation

Most plans became subject to the No Surprises Act in 2022. The No Surprises Act prevents providers from balance billing patients who receive emergency services in the emergency department of a hospital, at an independent freestanding emergency department and from air ambulances. The law also protects patients who receive certain non-emergency services from an out-of-network provider at an in-network facility. (See our insight, "New Law Requires Transparency and Prohibits Surprise Billing" and "The No Surprises Act Requires Changes to Your Plan Coverage.")

The law established the federal IDR process. allowing for the negotiation for payment of out-of-network claims between payers and providers. In 2021, the Departments issued two interim final regulations in 2021, which included regulations regarding the qualifying payment amount (QPA) as well as initial regulations regarding the IDR process. (See our webinar recording, "The No Surprises Act Independent Dispute Resolution Process" and our insights, "Guidance on the No Surprises Act's Qualifying Payment Amount" and "No Surprises Act Rule on 2022 Independent Dispute Resolution.")

In 2023, the Departments issued two proposed rules on IDR operations generally, one regarding fees and one regarding operations.

Since its implementation in 2022, the IDR process has faced legal and implementation challenges including litigation related to the qualifying payment amount (QPA) calculation, a higher volume of claims submitted for IDR than was anticipated by regulators, as well as functional difficulties related to the administration of the IDR process through the federal portal. In response to the QPA litigation, the Departments issued enforcement discretion which was originally provided in FAQs Part 62 and extended through FAQs Part 67, 69, 71 and most recently set 73 published in April 2026. (See our insight, Continue No Surprises Act Compliance Despite Court Decision.")

The final rule does not address the QPA calculation or enforcement approach. Further, as implementation has progressed, new challenges have surfaced, including potential provider abuse of the IDR process in some circumstances. The final rule does not address policy issues related to those challenges.

The final rule on IDR includes procedural changes

The final rule focuses on operational improvements and specifically finalizes rules related to claims adjudication communications, open negotiations, batching, eligibility determinations, administrative fees and other procedural requirements. The guidance, which was published in the June 4, 2026 *Federal Register*, is aimed at standardizing the IDR process in a manner intended to reduce delays and costs and increase efficiency, including lowering the number of ineligible claims entering the system and facilitating the proper handling of claims by the responsible entity. The following changes are applicable August 3, 2026, unless otherwise noted.

Changes related to payer communications and IDR registration

The Departments are working to create standardization early in the claims process. Specifically, under the rule, payers must use specific claim adjustment reason codes (CARCs) and remittance advice remark codes (RARCs) when they provide any paper or electronic remittance advice to an entity that does not have a contractual relationship with the payer. The Departments indicate that they will establish an applicability date for the use of CARCs or RARCs through guidance posted on the DOL websites by December 4, 2026. It is anticipated that such guidance will provide regulated entities no less than four months to come into compliance.

The final rule addresses certain disclosures that must be shared with respect to the qualified payment amount (QPA) if the recognized amount for an item or service is the QPA. Plans and insurers must make certain disclosures about the QPA with each initial payment or notice of denial of payment and must also provide certain additional information upon request. These provisions will apply to disclosures required to be provided on or after August 3, 2026.

Further, any payer subject to the No Surprises Act must now register with the Departments and will receive a registration number, which must be included with an initial payment or notice of denial of payment, as well as in subsequent notices. Registration-related requirements will be applicable 90 business days after the Departments issue guidance announcing that the functionality supporting the registry provisions has become available.

Generally, along with the registration ID, the rule aims to improve inclusion of identifying information that will support the claims process and clarifies content requirements related to open negotiation notices, notices of open negotiation response, notices of IDR initiation and notices of IDR initiation response. Among other requirements, where applicable, plans and insurers must ensure the inclusion of the legal business name of the self-insured group health plan or insurer relevant to the claim.

Changes to the open negotiation process

The Departments have introduced changes to establish a process for tracking open negotiation through the federal IDR portal in anticipation of initiation of a federal IDR process dispute and to promote transparency and meaningful engagement in the negotiations process.

As discussed above, under the final rule, payers must include a statement explaining that providers must notify the Departments to initiate open negotiation. A party must send an open negotiation notice to the other party and the Department through the federal IDR portal to initiate open negotiations. The Departments clarified that the 30-business-day open negotiation period begins on the day on which the party first submits the open negotiation notice, including the remittance advice.

In addition, a party to an open negotiation notice must now send an open negotiations response within 15 business days of receiving a complete notice. The final rule includes specific content requirements for the open negotiation notice, which should help better identify the entities involved. Pursuant to the final rule, open negotiations will run through the federal IDR portal and proprietary portals will not be used for the negotiation process. The provisions regarding the open negotiation notice, open negotiation response notice, notice of IDR initiation, and notice of IDR initiation response are applicable 90 days after the effective date or November 1, 2026.

Eligibility and batching

The Departments are continuing to improve the IDR eligibility determination process. Under the final rule, certified IDR entities have five business days to make an eligibility determination.

When a certified IDR entity encounters an eligibility determination issue that requires additional data, it must notify both parties and the Departments within five days of receiving the assignment. In turn, each party must submit the requested proof within five days. If a party fails to provide the information within the time frame, the certified IDR entity will either decide the matter using only the existing information or dismiss the matter entirely, if necessary.

The rule aims to facilitate processing efficiency and discusses rules related to batching IDR claims. Under the rule, parties may batch up to 50 related services in a single IDR claim, provided the services all meet certain requirements. Batching is permitted to encourage efficiency and minimize cost and permitted in specific circumstances detailed in the regulation. The changes to the batching rules are applicable November 1, 2026.

Fees and extensions

The cost of the IDR administration fee is reduced from $115 to $15 per party, per dispute. This fee change is effective for disputes initiated on or after June 11, 2026. The Departments codified existing guidance that if either party fails to pay the administrative fee or the IDR entity fee by the time the party's offer is due, that party's offer will not be considered received. The Departments plan to limit extensions in the IDR process to cases where "systematic delays in processing disputes" cause the delay.

Implications for sponsors of group health plans

Sponsors of plans that directly administer their IDR process will need to ensure they comply with the new process requirements as of the various applicability dates. Those that rely on a third-party administrator (TPA) will want to monitor the TPA for compliance. These changes are likely to have an impact on the numbers of disputed claims filed as well as claims settled during open negotiation.

Although these changes will improve the process, the overall challenges group health plans presently face are still an issue. Sponsors of plans that rely on a TPA or insurer should request information regarding IDR claims under their plan to help determine if they are impacted by the unfavorable trends and to seek solutions to improve the plan's IDR negotiation outcomes.

Share this page

Segal

Richard Ward, FSA, FCA, MAAA
West Region Market Director, Public Sector
T 956.818.6714
M 619.710.9952
RWard@segalco.com

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: Richard Ward, FSA, FCA, MAAA

Date: July 28, 2026

Re: **Segal's 2026 Second Quarter *Trends* Report**

Artificial intelligence (AI) is rapidly becoming an integral part of the healthcare ecosystem, transforming how care is delivered, managed and experienced. Segal's 2026 Second Quarter *Trends* report spotlights the ways AI is being used to leverage improving healthcare costs and outcomes by plan sponsors, payors and members.

Personalized health communications and care navigation

AI-powered tools can provide personalized guidance, improve awareness of preventive care and health programs, and help members better understand clinical information and prepare for healthcare decisions. As adoption continues to grow among health systems, insurers, and consumers, employers have an opportunity to leverage AI to improve the participant experience, increase engagement in existing programs, and support better health outcomes.

Administrative efficiency and payment integrity

AI also has the potential to improve administrative efficiency through enhanced claims processing, payment integrity, and predictive analytics that identify opportunities for earlier intervention and care management. At the same time, plan sponsors should approach AI adoption thoughtfully, ensuring appropriate oversight, transparency, and accountability. As healthcare organizations increasingly deploy AI, it is important to evaluate whether these tools are creating value through improved outcomes and reduced waste or simply enhancing revenue and profitability.

As examples of AI being put to work with your current vendors, Kaiser Permanente has AI-enabled Advance Alert Monitors that help rapid response teams predict when hospitalized patients are likely to decline so they can act quickly. They have also implemented an assisted clinical documentation tool that helps clinicians take notes more efficiently so they can spend more time focused on patient care. After a pilot test Kaiser said that 71% of members reported that they spent more time talking with their doctors.

In September, HMSA announced a partnership with Stellarus, a technology innovation platform powered by AI that is intended to provide a more personalized approach to care in the communities served. Stellarus is a technology and strategic solutions company spun out of Blue Shield of California that, per Stellarus, "provides a unified, AI-ready technology platform designed to help nonprofit and regional health plans integrate fragmented medical data, automate routine operations (like prior authorizations), and reduce administrative costs." It is not yet clear how HMSA will integrate this new technology.

Strong governance, measurable performance expectations, and ongoing monitoring can help ensure AI supports EUTF's cost-management and population health objectives in the future.

cc: Donna Tonaki, EUTF
Lara Nitta, EUTF

Trends

Statistics and Strategies for Health Plan Sponsors

Second Quarter 2026

Key statistics on use of artificial intelligence (AI) in healthcare

1 in 3 adults have **used AI for health information and advice** in the past year, and **young adults** are **2x more likely** than older adults to do so **without medical follow-up**.

45% of plan sponsors **want AI-powered chatbots** to **improve inquiries**.

84% of large U.S. health **insurers use AI**, with prior authorization among the top use cases.

75% of **U.S. health systems** are using least one **AI application**, up from 59% in 2025.

Sources for these statistics are available upon request.

Leveraging AI to improve healthcare cost and outcomes

AI is becoming embedded across the health benefits ecosystem, with significant implications for plan sponsors. AI tools are reshaping how participants engage with their health, how claims are processed and how vendors manage utilization and payment. Used thoughtfully, AI can improve participants' experience, increase engagement in underutilized programs and support cost control. Used without appropriate governance, it risks accelerating cost growth by protecting intermediary margins rather than delivering savings to plan sponsors and participants.

How AI is reshaping participant communication and care navigation

One of AI's most promising applications for plan sponsors is personalized health communication. Plan sponsors no longer need an authenticated, data-driven platform to provide relevant and personal information and guidance. Users can simply share what they want to share about themselves and their needs, and an AI tool will guide them intuitively (through simple questions and answers, in their preferred language, at their level of benefits literacy) to find or choose what's right for them. This increases the user's control and agency in deciding how their personal information is used by the plan sponsor, which in turn helps build trust and engagement.

Personalized messaging can improve awareness of preventive services, guide participants to appropriate care settings and encourage use of sponsored programs, such as care management, mental health support and condition-specific interventions. Improving engagement in programs that are already funded but underutilized can enhance the return on investment.

Participants are increasingly using AI themselves to navigate the healthcare system. Many rely on AI tools to interpret lab results, imaging reports and other clinical information that can be difficult to understand. Others use AI to organize questions, summarize recent test results and prepare for physician visits. When used appropriately, these tools can help participants arrive better informed, support more productive clinical conversations and improve adherence to care plans. For plan sponsors, this trend underscores the importance of ensuring that participant-facing AI tools are aligned with evidence-based guidance and clearly positioned as supplements to — not substitutes for — clinical judgment.

Segal

A growing group of vendors combines AI-driven navigation, primary care-centered models and clinician-supported guidance. These approaches support plan sponsor objectives such as steering participants to high-value care, improving primary care utilization, reducing avoidable emergency and specialty spending, and increasing benefit understanding without relying solely on higher deductibles or narrow networks.

Predictive analytics can reveal emerging patterns across a covered population, enabling earlier outreach and care management before conditions escalate into high-cost claims. Earlier intervention can improve outcomes and help moderate long-term cost trends, particularly for chronic and progressive conditions. These benefits are anticipated to be realized when AI insights are paired with human review and clear clinical pathways.

AI-enabled administration: claims efficiency and payment integrity

AI has the potential to improve claims processing efficiency and payment accuracy. Automation can reduce processing time and the administrative burden, while advanced analytics can help identify anomalous billing patterns and potential fraud. For self-funded plans, these capabilities may support stronger payment integrity and lower administrative costs. However, automation alone does not guarantee savings. Without transparency into how AI models operate and how decisions are reviewed, automation can just as easily accelerate overpayment as prevent it.

The risk becomes more pronounced when AI is deployed by intermediaries whose incentives are misaligned with plan sponsors. Hospitals are increasingly using AI-powered ambient listening and clinical documentation tools that convert clinician-patient conversations, labs and notes into highly detailed medical records. A March 2026 Blue Cross Blue Shield Association/Blue Health Intelligence study found that expanded documentation often captures additional diagnoses or comorbidities without corresponding changes in treatment, making patients appear more clinically complex on paper. As a result, approximately 20 percent of inpatient cost growth (within a 9 percent overall increase) was driven by coding intensity rather than more care delivered.

Strategies for AI adoption

Plan sponsors can harness AI to improve participant experience, increase engagement and support earlier, more effective care — while maintaining strong oversight. With intentional design and governance, AI can help plans manage costs and improve outcomes. Without it, AI risks becoming another driver of healthcare inflation — more sophisticated in execution, but no less misaligned with plan sponsor objectives.

Key strategies include:

- **Vendor accountability and contracting.** Plan sponsors should apply the same scrutiny to AI-enabled vendors that they apply to traditional vendors. Audit rights, data access and financial transparency are increasingly critical in an AI-enabled environment. Solutions that improve navigation, support informed decision-making and reduce waste can deliver meaningful value; tools that primarily optimize revenue capture without passing savings through to plan sponsors do not. Where AI is used, plan sponsors may want to:
  - Require AI transparency disclosures.
  - Add AI specific questions to RFPs and renewals.
  - Establish audit rights for AI assisted decisions.
  - Ensure human review pathways for high-impact determinations.
  - Monitor denial rates, appeal outcomes and equity metrics.
  - Use data to confirm billing aligns with care delivered.
  - Tie performance guarantees to measurable outcomes, such as total cost of care, not just operational efficiency.
- **Integration of AI in benefits administration.** Common use cases include:
  - Participant self service and benefits navigation through AI enabled chat and search tools that answer common questions, with escalation to human support for complex or sensitive issues
  - Onboarding and enrollment support that provides guidance through plan selection, timely enrollment and key tasks
  - Open enrollment decision support to help participants identify “right fit” plan options based on demographics, utilization signals, preferences and risk tolerance
  - Year-round proactive outreach based on interaction patterns to trigger timely nudges or route cases to benefit teams before issues escalate

To discuss the implications for your plan of anything covered here, contact your Segal consultant or get in touch via our website, segalco.com.

This *Trends* was published in April 2026. For previous issues of *Trends* or other Segal publications, visit the insights page of our website, segalco.com.

Segal

Administrator's Monthly Report to the Board

Coverage Period: June 13, 2026 – July 16, 2026

Ongoing Projects/Issues

No.	Current Status	Progress Made	Problems/Issues	Next Steps
1.	Meetings with Legislators and Unions	Prior to 03/13/2026 met with 12 legislators, two unions and one retiree group.	None	None
2.	Staffing Update	Total positions 63 *Ongoing recruitment* 1. MSB Member Services Representative – 89-day hire, ongoing recruitment. 2. MSB Member Services Representative – 89-day hire, ongoing recruitment 3. FSB Account Clerk III – Being converted to Accountant III 4. FSB Account Clerk IV – 89-day hire, ongoing recruitment 5. FSB Accountant IV – ongoing recruitment 6. FSB Accountant III – ongoing recruitment 7. ISB Systems Specialist – ongoing recruitment 8. ISB Applications Specialist – 89-day hire, ongoing recruitment 9. Investment Specialist – pending job posting 10. Investment Officer – new position (FY26) – position established, pending job posting 11. Administrative Assistant III – pending internal job posting		
3.	Training	9/28-9/29 IFEBP Funding and Finance of Health Benefits, Orlando, FL 9/30-10/1 IFEBP Health Care Cost Management, Orlando, FL 9/30-10/2 Council of Institutional Investors Fall Conference, Boston, MA 10/6-10/8 Pensions & Investments Convergence 2026, New York, NY 10/25-10/28/26 IFEBP Annual Employee Benefits Conference, New Orleans, LA 3/8-3/10/27 Council of Institutional Investors Sprint Conference, Washington DC March/April 2027 Pension Bridget Annual Conference, exact date and location TBD 4/4-4/6/27 Callan Institute Annual Conference, Scottsdale, AZ		

Rev 26.07.16

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

July 16, 2026

TO: Board of Trustees

FROM: Jessica McDonald
Member Services Branch Manager

SUBJECT: June – July 2026 Member Services Operations Report

This report covers the time-period from June 13, 2026 – July 16, 2026. Additional details will be provided upon request.

a. Member Services Branch (MSB) Data

Customer Service Automated Call Distribution (ACD) Report for June 2026:

ACD	Incoming ACD Calls	Total Ans.	Average Call Duration (minutes)	% Ans.	% Ans. within <30 Sec.	Total % of Abandoned Calls
MSB	3,893	3,688	3:45	94.73%	53.06%	5.27%

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

MSB's call answer rate was 94.73% for the month of June compared to 88.86% for May 2026. Members were primarily calling to check on the status of their enrollment requests and retirement/Medicare inquiries. We continue to assign more MSRs on the phones daily, including additional MSRs during peak hours. Incoming calls are manageable since we are generally processing enrollment forms within the standard processing period and have cleared the backlog of non-life event documents.

Currently, there are thirteen (13) MSRs: five (5) MSRs answering the ACD line, responding to emails, and walk-ins (one is a part-time 89-day hire and one is a full-time 89-day hire) and eight (8) MSRs processing all forms and documents (one is on an extended leave of absence). 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: 218 (258 in June 2025)
- Number of Walk-ins serviced: 567 (625 in June 2025)

Member Portal Logins		
	2026	**2025**
January	5,842	6,544
February	4,901	6,544
March	5,620	4,859
April	7,559	6,659
May	20,980*	19,357*
June	9,201	6,902
July		6,210
August		7,716
September		6,914
October		5,422
November		4,603
December		4,739
Total Count of Registered Users	36,530	31,568
*Active OE was held in May and reflects a corresponding increase.		

	Active EC-1s		**Retiree EC-2s**		**Medicare Related Documents**	
	2026	**2025**	**2026**	**2025**	**2026**	**2025**
June	122	130	218	226	125	137
May	187 (+212 OE)	125	256	284	263	384
April	115	120	212	242	177	194
March	156	82	130	150	134	101
February	198	119	163	153	367	209 (+4,250 Annual SSA Letters)
January	212	190	210	182	472* (+4,000 Annual SSA Letters)	318
	2025	**2024**	**2025**	**2024**	**2025**	**2024**
December	263	86	441*	446*	450*	433*
November	192	328	371*	466*	444*	452*
October	140	229	254 (+328 OE)	261 (+318 OE)	163	320
September	129	205	181	181	134	402
August	184	118	166	153	214	178
July	127	210	195	188	191	323
**Retiree/Medicare counts are high due to 12/31 retirements and annual SSA letters.*						

b. Outreach & Training

The Outreach & Training Team conducted five pre-retirement presentations, two Medicare Part B enrollment webinars, and one DOE new hire presentation during the month of June. Total attendance for the month was 224 (215 in June 2025).

c. 2026 Active Open Enrollment

Active Open Enrollment (OE) was held May 1 – 29, 2026 and hosted in the Member Portal. EC-1 enrollment forms were also accepted. The EUTF completed the processing of OE and OE was closed completely on June 12, 2026. Employees were able to view their Confirmation Notice in the Member Portal. OE enrollments were sent to the carriers the week of June 15, 2026. The attached OE Movement reports detail enrollment movement for 2026, 2025, and 2024 by medical plan.

Enclosures

MSB Automated Call Distribution Report

June 2026

Day	Day of Week	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds		Abandoned Calls		# of Agents in ACD
						< 30	Callback System	Total	% of Abandoned calls	
1	Monday	245	223	91.02%	3:48	35.87%	9.42%	22	8.98%	9
2	Tuesday	168	155	92.26%	3:36	40.65%	10.32%	13	7.74%	6
3	Wednesday	167	161	96.41%	3:30	54.66%	4.35%	6	3.59%	8
4	Thursday	159	154	96.86%	3:49	46.75%	11.04%	5	3.14%	8
5	Friday	172	160	93.02%	3:54	46.25%	3.13%	12	6.98%	7
8	Monday	205	198	96.59%	4:06	48.99%	2.02%	7	3.41%	7
9	Tuesday	171	164	95.91%	3:46	63.41%	1.22%	7	4.09%	7
10	Wednesday	156	150	96.15%	3:30	67.33%	0.00%	6	3.85%	7
11	Thursday	HOLIDAY - KING KAMEHAMEHA DAY								
12	Friday	162	156	96.30%	3:33	49.36%	3.21%	6	3.70%	6
15	Monday	256	236	92.19%	3:56	41.95%	15.68%	20	7.81%	9
16	Tuesday	202	183	90.59%	3:43	36.61%	8.74%	19	9.41%	7
17	Wednesday	213	198	92.96%	4:05	46.46%	3.54%	15	7.04%	7
18	Thursday	205	195	95.12%	4:17	51.28%	7.18%	10	4.88%	9
19	Friday	139	125	89.93%	3:45	67.20%	2.40%	14	10.07%	7
22	Monday	210	202	96.19%	3:21	59.90%	4.95%	8	3.81%	8
23	Tuesday	151	147	97.35%	3:37	74.15%	4.08%	4	2.65%	9
24	Wednesday	172	168	97.67%	3:46	60.71%	4.17%	4	2.33%	8
25	Thursday	152	145	95.39%	4:00	66.21%	4.14%	7	4.61%	9
26	Friday	152	151	99.34%	3:41	68.87%	2.65%	1	0.66%	10
29	Monday	236	228	96.61%	3:14	56.14%	4.82%	8	3.39%	11
30	Tuesday	200	189	94.50%	3:50	52.38%	10.05%	11	5.50%	11
Monthly Totals		**3893**	**3688**	**94.73%**	**3:45**	**53.06%**	**5.88%**	**205**	**5.27%**	**8**

Report Created 7/2/2026

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

MSB Automated Call Distribution Report

January to December 2026

Month	Incoming Calls	Answered	% Answered	Avg Talk Time Per Call	% Answered within x seconds		Abandoned Calls		# Agents in ACD
					< 30	Callback System	Total	% of incoming calls	
January	4416	4103	92.91%	3:57	47.31%	8.12%	313	7.09%	10
February	3343	3225	96.47%	3:50	61.77%	4.09%	118	3.53%	10
March	3601	3432	95.31%	3:44	59.99%	4.14%	169	4.92%	10
April	3752	3603	96.03%	2:59	64.00%	2.55%	149	3.97%	10
May	5523	4908	88.86%	4:00	30.85%	10.55%	615	11.14%	9
June	3893	3688	94.73%	3:45	53.06%	5.88%	205	5.27%	8
July									
August									
September									
October									
November									
December									

Report Created 7/2/2026

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

MSB Automated Call Distribution Report

January to December 2025

Month	Incoming Calls	Answered	% Answered	Avg Talk Time Per Call	% Answered within x seconds		Abandoned Calls		# Agents in ACD
					< 30	Callback System	Total	% of incoming calls	
January	5499	4690	85.29%	3:50	29.15%	N/A	809	14.71%	7
February	4159	3756	90.31%	3:45	39.87%	N/A	403	9.69%	7
March	3841	3627	94.43%	4:03	55.25%	N/A	214	5.57%	8
April	4462	4058	90.95%	3:42	59.51%	8.23%	367	8.23%	9
May	6144	5320	86.59%	4:19	29.49%	8.03%	824	13.41%	8
June	4026	3688	91.60%	4:06	35.98%	12.66%	338	8.40%	9
July	4176	3834	91.81%	4:16	40.87%	9.05%	342	8.19%	8
August	4037	3656	90.56%	4:28	42.81%	6.97%	381	9.44%	9
September	4144	3828	92.37%	4:49	46.97%	6.35%	316	7.63%	9
October	4713	4527	96.05%	4:07	63.34%	3.99%	186	3.95%	9
November	3363	3228	95.99%	5:03	63.40%	3.12%	135	4.01%	9
December	4170	3991	95.71%	3:46	44:49	4.61%	179	4.29%	9

Report Created 7/2/2026

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

2026 Active Employee Open Enrollment Movement

	TRANSFER FROM													
		HMSA			Kaiser			HSTA VB HMSA		HSTA VB Kaiser		**TOTAL**	**NET GAIN**	
TRANSFER TO	HMO	90/10 PPO	80/20 PPO	75/25 PPO	Comp	Standard	Supplemental	90/10 PPO	80/20 PPO	Comp	Waive	**GAIN**	**(LOSS)**	
HMSA HMO	-	-	-	-	-	-	-	-	-	-	-	-	(36)	
HMSA 90/10 PPO	-	-	-	-	-	-	-	-	-	-	-	-	(176)	
HMSA 80/20 PPO	13	50	-	80	16	6	1	-	2	-	89	257	(225)	
HMSA 75/25 PPO	12	112	417	-	19	150	15	3	28	-	528	1,284	954	
Kaiser Comprehensive HMO	8	3	19	15	-	29	1	-	-	1	54	130	4	
Kaiser Standard HMO	3	2	20	139	79	-	2	-	-	3	206	454	236	
Supplemental	-	-	-	4	-	2	-	-	-	-	17	23	(8)	
HSTA VB HMSA 90/10 PPO	-	-	-	-	-	-	-	-	4	1	2	7	(1)	
HSTA VB HMSA 80/20 PPO	-	-	-	-	-	-	-	4	-	-	3	7	(29)	487
HSTA VB Kaiser Comp HMO	-	-	-	-	-	-	-	-	1	-	1	2	(5)	235
Waive		9	26	92	12	31	12	1	1	2	-	186	(714)	
TOTAL LOSS	36	176	482	330	126	218	31	8	36	7	900	2,350		

2025 Active Employee Open Enrollment Movement

	TRANSFER FROM													
		HMSA			Kaiser			HSTA VB HMSA		HSTA VB Kaiser		TOTAL	**NET GAIN**	
TRANSFER TO	HMO	90/10 PPO	80/20 PPO	75/25 PPO	Comp	Standard	Supp.	90/10 PPO	80/20 PPO	Comp	Waive	GAIN	**(LOSS)**	
HMSA HMO	-	-	-	-	-	-	-	-	-	-	-	-	**(82)**	
HMSA 90/10 PPO	18	-	39	38	9	1	1	-	-	-	37	143	**(32)**	
HMSA 80/20 PPO	23	51	-	91	12	16	2	-	-	-	119	314	**(252)**	
HMSA 75/25 PPO	33	102	441	-	12	135	19	4	27	-	540	1,313	**947**	
Kaiser Comprehensive HMO	2	5	15	4	-	40	1	-	-	-	44	111	**(76)**	
Kaiser Standard HMO	3	6	29	143	143	-	1	-	-	4	222	551	**317**	
Supplemental	-	-	2	4	1	3	-	-	-	-	28	38	**-**	
HSTA VB HMSA 90/10 PPO	-	-	-	-	-	-	-	-	2	-	1	3	**(16)**	
HSTA VB HMSA 80/20 PPO	-	-	-	-	-	-	-	12	-	1	3	16	**(18)**	547
HSTA VB Kaiser Comp HMO	-	-	-	-	-	-	-	-	-	-	1	1	**(6)**	235
Waived	3	11	40	86	10	39	14	3	5	2	-	213	**(782)**	
TOTAL LOSS	82	175	566	366	187	234	38	19	34	7	995	2,703	**-**	

2024 Active Employee Open Enrollment Movement

	TRANSFER FROM													
		HMSA			Kaiser			HSTA VB HMSA		Kaiser		TOTAL	**NET GAIN**	
TRANSFER TO	HMO	90/10 PPO	80/20 PPO	75/25 PPO	Comp	Standard	Supp.	90/10 PPO	80/20 PPO	Comp	Waive	GAIN	**(LOSS)**	
HMSA HMO	-	2	2	5	1	1	-	-	-	-	10	21	**(24)**	
HMSA 90/10 PPO	4	-	37	19	7	3	1	-	-	1	27	99	**(51)**	
HMSA 80/20 PPO	6	63	-	75	12	16	5	-	-	-	125	302	**(196)**	
HMSA 75/25 PPO	21	71	400	-	21	126	26	2	16	-	460	1,143	**899**	
Kaiser Comprehensive HMO	6	4	8	12	-	31	-	-	-	-	56	117	**(50)**	
Kaiser Standard HMO	4	1	22	78	117	-	3	-	-	-	185	410	**207**	
Supplemental	-	-	2	3	-	2	-	-	-	-	22	29	**(20)**	
HSTA VB HMSA 90/10 PPO	-	-	-	-	-	-	-	-	3	-	-	3	**(5)**	
HSTA VB HMSA 80/20 PPO	-	-	-	-	-	-	-	5	-	1	8	14	**(8)**	615
HSTA VB Kaiser Comp HMO	-	-	-	-	-	-	-	1	1	-	-	2	**-**	157
Waived	4	9	27	52	9	24	14	-	2	-	-	141	**(752)**	
TOTAL LOSS	45	150	498	244	167	203	49	8	22	2	893	2,281	**-**	

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

July 16, 2026

TO: Board of Trustees

FROM: Michael Gadach, Information Systems Chief

SUBJECT: June - July 2026 Information Systems (IS) Operations Report

This report covers the period from June 13, 2026 through July 16, 2026. This report provides updates on certain key IS items. Additional details will be provided upon request.

a. EUTF Benefits Administration System (BAS) Project
EUTF IT is continuing its efforts to improve the data quality on the EDI files we send to our carriers. Staff are working on a more streamlined data reconciliation process, while also working with TELUS Health (TH) to refine the data that feeds into the EDI files. This includes resolving address issues and updating the EDI files to pull coverage effective date, rather than the benefit event data from the system. Together, these efforts will enhance reporting and minimize the risk of enrollment or eligibility issues with the carriers.

Projects	Details	Status
Address updates that affect EDI files	Enhancing EDI logic to ensure addresses are consistently included in all outbound carrier files. This will improve the overall data quality and will minimize the risk of incomplete or outdated addresses passing on to the carriers.	In progress.
Coverage effective date reporting on EDI files	Standardizing EDI reporting across all carriers by using the coverage effective date instead of the benefit event date. This will ensure accurate reporting, especially when retroactive changes cross plan years.	Deployed on 6/29 for all carriers except for Kaiser that will be deployed at a later date.

b. Website Template Migration Project
EUTF is migrating all web content to a standardized templated provided by ETS. This transition will ensure full compliance with the federal ADA Title II Web Content and Mobile Applications Accessibility Rule before the April 2027 deadline.

c. Enrollment Counts
Ariel BAS enrollment counts for the month of June are attached.

Enrollment Counts - Active (Summary)

The table below shows Active enrollment for period ending 06-30-2026

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,268	1,106	3,374
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	9,719	6,577	16,296
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	23,917	22,936	46,853
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	507	243	750
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,600	2,474	6,074
HMO Standard Kaiser Medical, Drug and Chiro	10,794	9,609	20,403
Verdegard Supplemental Medical and Drug	476	787	1,263
EUTF Total	**51,281**	**43,732**	**95,013**
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	627	574	1,201
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,394	2,039	3,433
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	519	677	1,196
HSTA VB Total	**2,540**	**3,290**	**5,830**
Medical Total	**53,821**	**47,022**	**100,843**
Drug			
EUTF			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,268	1,106	3,374
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	9,718	6,577	16,295
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	23,916	22,936	46,852
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	507	243	750
EUTF Total	**36,409**	**30,862**	**67,271**
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	627	574	1,201
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,394	2,039	3,433
HSTA VB Total	**2,021**	**2,613**	**4,634**
Drug Total	**38,430**	**33,475**	**71,905**
Dental			
EUTF			
Dental (HDS)	53,072	46,071	99,143
EUTF Total	**53,072**	**46,071**	**99,143**
HSTA VB			
HSTA VB Dental (HDS)	2,707	3,481	6,188
HSTA VB Supplemental Dental (HDS)	60	98	158
HSTA VB Total	**2,767**	**3,579**	**6,346**
Dental Total	**55,839**	**49,650**	**105,489**
Vision			
EUTF			
Vision (VSP)	51,118	43,201	94,319
EUTF Total	**51,118**	**43,201**	**94,319**
HSTA VB			
HSTA VB Vision (VSP) - Stand Alone	154	309	463
HSTA VB Vision (VSP) bundled with Medical	2,540	3,284	5,824
HSTA VB Total	**2,694**	**3,593**	**6,287**
Vision Total	**53,812**	**46,794**	**100,606**
Life			
EUTF			
EUTF Securian Life Insurance	59,121	0	59,121
EUTF Total	**59,121**	**0**	**59,121**
HSTA VB			
HSTA VB Securian Life Insurance	3,328	0	3,328
HSTA VB Total	**3,328**	**0**	**3,328**
Life Total	**62,449**	**0**	**62,449**

Data Taken 06-19-2026

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 06-30-2026

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)	1,699	295	274	2,268
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	6,462	1,480	1,777	9,719
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	13,201	4,270	6,446	23,917
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	390	50	67	507
HMO Comprehensive Kaiser Medical, Drug and Chiro	2,382	582	636	3,600
HMO Standard Kaiser Medical, Drug and Chiro	6,226	1,933	2,635	10,794
Verdegard Supplemental Medical and Drug	132	114	230	476
Medical Total	**30,492**	**8,724**	**12,065**	**51,281**
Drug				
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	1,699	295	274	2,268
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	6,461	1,480	1,777	9,718
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	13,200	4,270	6,446	23,916
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	390	50	67	507
Drug Total	**21,750**	**6,095**	**8,564**	**36,409**
Dental (HDS)	**29,810**	**10,763**	**12,499**	**53,072**
Vision (VSP)	**29,269**	**10,156**	**11,693**	**51,118**
Life Insurance (Securian)	**59,121**			**59,121**

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 HMSA Medical and Chiro bundled with PPO Drug (CVS)	2,268	1,106	3,374
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)	9,719	6,577	16,296
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)	23,917	22,936	46,853
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)	507	243	750
HMO Comprehensive Kaiser Medical, Drug and Chiro	3,600	2,474	6,074
HMO Standard Kaiser Medical, Drug and Chiro	10,794	9,609	20,403
Verdegard Supplemental Medical and Drug	476	787	1,263
Medical Total	**51,281**	**43,732**	**95,013**
Drug			
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)	2,268	1,106	3,374
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)	9,718	6,577	16,295
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)	23,916	22,936	46,852
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)	507	243	750
Drug Total	**36,409**	**30,862**	**67,271**
Dental (HDS)	**53,072**	**46,071**	**99,143**
Vision (VSP)	**51,118**	**43,201**	**94,319**

Data Taken 06-19-2026

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 06-30-2026

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)	365	90	172	627
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	522	246	626	1,394
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	233	80	206	519
Medical Total	**1,120**	**416**	**1,004**	**2,540**
Drug				
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	365	90	172	627
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	522	246	626	1,394
Drug Total	**887**	**336**	**798**	**2,021**
Dental				
HSTA VB Dental (HDS)	1,108	557	1,042	2,707
HSTA VB Supplemental Dental (HDS)	10	22	28	60
Dental Total	**1,118**	**579**	**1,070**	**2,767**
Vision				
HSTA VB Vision (VSP) - Stand Alone	22	38	94	154
HSTA VB Vision (VSP) bundled with Medical	1,121	415	1,004	2,540
Vision Total	**1,143**	**453**	**1,098**	**2,694**
Life Insurance (Securian)	**3,328**			**3,328**

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)	627	574	1,201
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,394	2,039	3,433
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	519	677	1,196
Medical Total	**2,540**	**3,290**	**5,830**
Drug			
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	627	574	1,201
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,394	2,039	3,433
Drug Total	**2,021**	**2,613**	**4,634**
Dental			
HSTA VB Dental (HDS)	2,707	3,481	6,188
HSTA VB Supplemental Dental (HDS)	60	98	158
Dental Total	**2,767**	**3,579**	**6,346**
Vision			
HSTA VB Vision (VSP) - Stand Alone	154	309	463
HSTA VB Vision (VSP) bundled with Medical	2,540	3,284	5,824
Vision Total	**2,694**	**3,593**	**6,287**

Data Taken 06-19-2026

Enrollment Counts - EUTF Active

The table below shows EUTF Active enrollment for period ending 06-30-2026

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)		64	233	26	364	29	352	81	249	139	55	99	27	117	402	28	3	2,268
PPO-80/20 HMSA Medical and Chiro bundled with PPO Drug (CVS)		168	1,261	151	2,060	155	1,220	289	665	579	197	384	154	576	1,751	62	47	9,719
PPO-75/25 HMSA Medical and Chiro bundled with PPO Drug (CVS)		543	3,514	245	4,614	268	3,418	393	865	1,404	598	1,057	1,158	1,072	4,377	143	248	23,917
HMO HMSA Medical and Chiro bundled with HMO Drug (CVS)		12	57	12	88	8	81	9	34	29	11	20	5	33	97	10	1	507
HMO Comprehensive Kaiser Medical, Drug and Chiro	1	51	496	88	671	77	509	98	288	155	76	181	69	212	572	42	14	3,600
HMO Standard Kaiser Medical, Drug and Chiro		207	1,423	97	1,944	116	2,054	181	538	736	233	365	381	383	1,975	67	94	10,794
Verdegard Supplemental Medical and Drug		14	42	5	115	9	58	10	16	21	15	12	24	16	113	6		476
Medical Total	**1**	**1,059**	**7,026**	**624**	**9,856**	**662**	**7,692**	**1,061**	**2,655**	**3,063**	**1,185**	**2,118**	**1,818**	**2,409**	**9,287**	**358**	**407**	**51,281**
Drug																		
PPO-90/10 CVS Prescription Drug bundled with PPO Medical (HMSA)		64	233	26	364	29	352	81	249	139	55	99	27	117	402	28	3	2,268
PPO-80/20 CVS Prescription Drug bundled with PPO Medical (HMSA)		168	1,261	151	2,060	155	1,220	289	665	579	197	384	154	575	1,751	62	47	9,718
PPO-75/25 CVS Prescription Drug bundled with PPO Medical (HMSA)		543	3,514	245	4,614	268	3,418	393	865	1,404	598	1,057	1,158	1,072	4,376	143	248	23,916
HMO CVS Prescription Drug bundled with HMO Medical (HMSA)		12	57	12	88	8	81	9	34	29	11	20	5	33	97	10	1	507
Drug Total		**787**	**5,065**	**434**	**7,126**	**460**	**5,071**	**772**	**1,813**	**2,151**	**861**	**1,560**	**1,344**	**1,797**	**6,626**	**243**	**299**	**36,409**
Dental (HDS)	**1**	**1,125**	**7,246**	**644**	**10,451**	**724**	**7,800**	**1,102**	**2,708**	**3,022**	**1,219**	**2,194**	**1,896**	**2,482**	**9,671**	**370**	**417**	**53,072**
Vision (VSP)	**1**	**1,094**	**7,050**	**626**	**10,102**	**701**	**7,372**	**1,069**	**2,570**	**2,907**	**1,181**	**2,092**	**1,823**	**2,405**	**9,376**	**357**	**392**	**51,118**
Life Insurance (Securian)	**3**	**1,318**	**8,130**	**751**	**11,849**	**843**	**8,113**	**1,265**	**3,037**	**3,307**	**1,385**	**2,509**	**2,098**	**2,721**	**10,900**	**423**	**469**	**59,121**

Enrollment Counts - HSTA VB Active

The table below shows HSTA VB Active enrollment for period ending 06-30-2026

Count by Subscribers by Bargaining Unit

Benefit Plan	05	Total
Medical		
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	627	627
HSTA VB PPO-80/20 Medical and Chiro (HMSA) bundled with PPO Drug (CVS), Vision (VSP)	1,394	1,394
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP)	519	519
Medical Total	**2,540**	**2,540**
Drug		
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	627	627
HSTA VB PPO-80/20 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA)	1,394	1,394
Drug Total	**2,021**	**2,021**
Dental		
HSTA VB Dental (HDS)	2,707	2,707
HSTA VB Supplemental Dental (HDS)	60	60
Dental Total	**2,767**	**2,767**
Vision		
HSTA VB Vision (VSP) - Stand Alone	154	154
HSTA VB Vision (VSP) bundled with Medical	2,540	2,540
Vision Total	**2,694**	**2,694**
Life Insurance (Securian)	**3,328**	**3,328**

Data Taken 06-19-2026

Enrollment Counts - Retiree (Summary)

The table below shows Retiree enrollment for period ending 06-30-2026

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
EUTF			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	35,269	13,825	49,094
Non-Medicare	5,074	5,098	10,172
PPO-90/10 Medical (HMSA) - Retiree Total	**40,343**	**18,923**	**59,266**
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	7,150	2,454	9,604
Non-Medicare	1,047	906	1,953
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**8,197**	**3,360**	**11,557**
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	99	20	119
PPO Medical - Medicare Advantage (Humana) - Retiree Total	**99**	**20**	**119**
Out-of-State Plan - Retiree			
Medicare	183	53	236
Non-Medicare	8	3	11
Out-of-State Plan - Retiree Total	**191**	**56**	**247**
EUTF Total	**48,830**	**22,359**	**71,189**
HSTA VB			
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree			
Medicare	1,868	783	2,651
Non-Medicare	4	0	4
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**1,872**	**783**	**2,655**
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree			
Medicare	13	5	18
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**13**	**5**	**18**
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree			
Medicare	194	56	250
Non-Medicare	2	1	3
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**196**	**57**	**253**
HSTA VB Out-of-State Plan - Retiree			
Medicare	4	3	7
HSTA VB Out-of-State Plan - Retiree Total	**4**	**3**	**7**
HSTA VB Total	**2,085**	**848**	**2,933**
Medical Total	**50,915**	**23,207**	**74,122**
Drug			
EUTF			
PPO Drug (SilverScript) - Medicare	33,880	13,153	47,033
PPO Prescription Drug (CVS) - Non-Medicare	5,360	5,220	10,580
EUTF Total	**39,240**	**18,373**	**57,613**
HSTA VB			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	1,864	779	2,643
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	6	1	7
HSTA VB Total	**1,870**	**780**	**2,650**
Drug Total	**41,110**	**19,153**	**60,263**
Dental			
Dental (HDS)	49,843	23,411	73,254
HSTA VB Dental (HDS) - Retiree	2,085	848	2,933
Dental Total	**51,928**	**24,259**	**76,187**
Vision			
Vision (VSP)	49,708	23,312	73,020
HSTA VB Vision (VSP) bundled with Medical - Retiree	2,085	847	2,932
Vision Total	**51,793**	**24,159**	**75,952**
Life			
EUTF Securian Life Insurance - Retiree	46,606	0	46,606
HSTA VB Securian Life Insurance - Retiree	2,035	0	2,035
Life Total	**48,641**	**0**	**48,641**

Data Taken 06-19-2026

Enrollment Counts - EUTF Retiree

The table below shows EUTF Retiree enrollment for period ending 06-30-2026

Count by Subscribers by Enrollment Coverage

Benefit Plan	Self	Two-Party	Family	Total
Medical				
PPO-90/10 Medical (HMSA) - Retiree				
Medicare	22,157	12,546	566	35,269
Non-Medicare	1,891	1,944	1,239	5,074
PPO-90/10 Medical (HMSA) - Retiree Total	**24,048**	**14,490**	**1,805**	**40,343**
HMO Medical (Kaiser), Drug (Kaiser) - Retiree				
Medicare	4,810	2,245	95	7,150
Non-Medicare	435	427	185	1,047
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**5,245**	**2,672**	**280**	**8,197**
PPO Medical - Medicare Advantage (Humana) - Retiree				
Medicare	79	20		99
PPO Medical - Medicare Advantage (Humana) - Retiree Total	**79**	**20**		**99**
Out-of-State Plan - Retiree				
Medicare	134	45	4	183
Non-Medicare	5	3		8
Out-of-State Plan - Retiree Total	**139**	**48**	**4**	**191**
Medical Total	**29,511**	**17,230**	**2,089**	**48,830**
Drug				
PPO Drug (SilverScript) - Medicare	**21,381**	**11,979**	**520**	**33,880**
PPO Prescription Drug (CVS) - Non-Medicare	**2,070**	**2,042**	**1,248**	**5,360**
Drug Total	**23,451**	**14,021**	**1,768**	**39,240**
Dental (HDS)	**29,492**	**18,240**	**2,111**	**49,843**
Vision (VSP)	**29,461**	**18,127**	**2,120**	**49,708**
Life Insurance (Securian)	**46,606**			**46,606**

Count by Subscribers and Dependents

Benefit Plan	Subscribers	Dependents	Total
Medical			
PPO-90/10 Medical (HMSA) - Retiree			
Medicare	35,269	13,825	49,094
Non-Medicare	5,074	5,098	10,172
PPO-90/10 Medical (HMSA) - Retiree Total	**40,343**	**18,923**	**59,266**
HMO Medical (Kaiser), Drug (Kaiser) - Retiree			
Medicare	7,150	2,454	9,604
Non-Medicare	1,047	906	1,953
HMO Medical (Kaiser), Drug (Kaiser) - Retiree Total	**8,197**	**3,360**	**11,557**
PPO Medical - Medicare Advantage (Humana) - Retiree			
Medicare	99	20	119
PPO Medical - Medicare Advantage (Humana) - Retiree Total	**99**	**20**	**119**
Out-of-State Plan - Retiree			
Medicare	183	53	236
Non-Medicare	8	3	11
Out-of-State Plan - Retiree Total	**191**	**56**	**247**
Medical Total	**48,830**	**22,359**	**71,189**
Drug			
PPO Drug (SilverScript) - Medicare	**33,880**	**13,153**	**47,033**
PPO Prescription Drug (CVS) - Non-Medicare	**5,360**	**5,220**	**10,580**
Drug Total	**39,240**	**18,373**	**57,613**
Dental (HDS)	**49,843**	**23,411**	**73,254**
Vision (VSP)	**49,708**	**23,312**	**73,020**

Data Taken 06-19-2026

Enrollment Counts - HSTA VB Retiree

The table below shows HSTA VB Retiree enrollment for period ending 06-30-2026

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	1,100	756	12	1,868
Non-Medicare	4			4
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**1,104**	**756**	**12**	**1,872**
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree				
Medicare	8	5		13
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**8**	**5**		**13**
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree				
Medicare	139	54	1	194
Non-Medicare	1	1		2
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**140**	**55**	**1**	**196**
HSTA VB Out-of-State Plan - Retiree				
Medicare	1	3		4
HSTA VB Out-of-State Plan - Retiree Total	**1**	**3**		**4**
Medical Total	**1,253**	**819**	**13**	**2,085**
Drug				
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	**1,100**	**752**	**12**	**1,864**
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	**5**	**1**		**6**
Drug Total	**1,105**	**753**	**12**	**1,870**
Dental (HDS)	**1,253**	**819**	**13**	**2,085**
Vision (VSP)	**1,253**	**820**	**12**	**2,085**
Life Insurance (Securian)	**2,035**			**2,035**

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	1,868	783	2,651
Non-Medicare	4	0	4
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with PPO Drug (SilverScript or CVS), Vision (VSP) - Retiree Total	**1,872**	**783**	**2,655**
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree			
Medicare	13	5	18
HSTA VB PPO-90/10 Medical and Chiro (HMSA) bundled with Vision (VSP) - Retiree Total	**13**	**5**	**18**
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree			
Medicare	194	56	250
Non-Medicare	2	1	3
HSTA VB HMO Medical, Drug and Chiro (Kaiser) bundled with Vision (VSP) - Retiree Total	**196**	**57**	**253**
HSTA VB Out-of-State Plan - Retiree			
Medicare	4	3	7
HSTA VB Out-of-State Plan - Retiree Total	**4**	**3**	**7**
Medical Total	**2,085**	**848**	**2,933**
Drug			
HSTA VB PPO-90/10 Prescription Drug (SilverScript) bundled with HSTA VB PPO Medical (HMSA) - Medicare	**1,864**	**779**	**2,643**
HSTA VB PPO-90/10 Prescription Drug (CVS) bundled with HSTA VB PPO Medical (HMSA) - Non-Medicare	**6**	**1**	**7**
Drug Total	**1,870**	**780**	**2,650**
Dental (HDS)	**2,085**	**848**	**2,933**
Vision (VSP)	**2,085**	**847**	**2,932**

Data Taken 06-19-2026

Enrollment Counts - All Subscribers

The table below shows All Subscriber enrollments for period ending 06-30-2026

Employer	Medical	Drug	Dental	Vision	Life
City and County of Honolulu					
Active	7,547	5,609	7,835	7,604	9,005
Retiree (Medicare)	6,186	4,681			
Retiree (Non-Medicare)	1,634	1,408	7,949	7,960	6,888
City and County of Honolulu Total	**15,367**	**11,698**	**15,784**	**15,564**	**15,893**
Honolulu Board of Water Supply					
Active	480	345	489	477	544
Retiree (Medicare)	483	392			
Retiree (Non-Medicare)	57	52	547	551	479
Honolulu Board of Water Supply Total	**1,020**	**789**	**1,036**	**1,028**	**1,023**
Honolulu Authority for Rapid Transportation					
Active	41	30	40	41	43
Retiree (Medicare)	17	14			
Retiree (Non-Medicare)	3	1	21	21	23
Honolulu Authority for Rapid Transportation Total	**61**	**45**	**61**	**62**	**66**
County of Hawaii					
Active	2,239	1,719	2,274	2,212	2,599
Retiree (Medicare)	1,429	1,271			
Retiree (Non-Medicare)	392	364	1,837	1,838	1,682
County of Hawaii Total	**4,060**	**3,354**	**4,111**	**4,050**	**4,281**
Hawaii Dept of Water					
Active	130	102	135	133	150
Retiree (Medicare)	110	97			
Retiree (Non-Medicare)	10	12	122	122	115
Hawaii Dept of Water Total	**250**	**211**	**257**	**255**	**265**
County of Kauai					
Active	1,072	950	1,106	1,093	1,221
Retiree (Medicare)	731	680			
Retiree (Non-Medicare)	158	157	898	908	830
County of Kauai Total	**1,961**	**1,787**	**2,004**	**2,001**	**2,051**
Kauai Department of Water					
Active	83	74	88	86	97
Retiree (Medicare)	59	54			
Retiree (Non-Medicare)	11	13	69	69	69
Kauai Department of Water Total	**153**	**141**	**157**	**155**	**166**
County of Maui					
Active	2,436	1,205	2,521	2,464	2,750
Retiree (Medicare)	1,376	860			
Retiree (Non-Medicare)	431	293	1,843	1,845	1,696
County of Maui Total	**4,243**	**2,358**	**4,364**	**4,309**	**4,446**
State of Hawaii					
Active	38,829	27,767	40,325	38,754	44,851
Retiree (Medicare)	34,290	27,623			
Retiree (Non-Medicare)	3,427	3,054	38,527	38,365	36,744
State of Hawaii Total	**76,546**	**58,444**	**78,852**	**77,119**	**81,595**
Hawaii Public Charter Schools					
Active	964	629	1,026	948	1,189
Retiree (Medicare)	99	72			
Retiree (Non-Medicare)	12	12	115	114	115
Hawaii Public Charter Schools Total	**1,075**	**713**	**1,141**	**1,062**	**1,304**
Grand Total	**104,736**	**79,540**	**107,767**	**105,605**	**111,090**

Data Taken 06-19-2026

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

July 16, 2026

TO: Board of Trustees

FROM: Katie Matsushima
Eligibility Specialist

SUBJECT: June – July 2026 Eligibility and Enrollment Report

This report covers the time period from June 13, 2026 – July 16, 2026. Additional details will be provided upon request.

Audits Currently in Progress (On hold – restarting in Quarter 4 of 2026):

- Verify Retiree Eligibility and Tiers
  - EUTF will review **273** retirees with ERS to determine correct tier.

Point in Time Reconciliation Audits:
Audit of this performance guarantee (PG) for contract years 1/1/26-12/31/26 retirees and 7/1/26-6/30/27 actives will be conducted in Quarter 4 of 2026.

Completed for contract years 1/1/25-12/31/25 retirees & 7/1/25-6/30/26 actives:

- Verdegard and EUTF enrollment – Accuracy 100%
- CVS and EUTF enrollment – Accuracy 100%
- HDS and EUTF enrollment – Accuracy 100%
- Kaiser and EUTF enrollment – Accuracy 100%
- HMSA and EUTF enrollment – Accuracy 99.97%
- VSP and EUTF Enrollment – Accuracy 100%
- SilverScript and EUTF enrollment – Accuracy 100%

Recurring Audits:

Description	Active/ Retiree	Initial Terms	Terms for Fiscal Year 25/26	Terms for Fiscal Year 26/27	Current Status	Initial Cleanup Date	Frequency
Unreported Divorce Audit	Active	45 & 5 step-children	166	17	Restarted 2023	6/30/2017	Monthly
Unreported Divorce Audit	Retiree	32 former spouses	32	5	Restarted 2023	4/30/2018	Monthly
Adult Disabled Recertification	Active	10 (FY17) 12 (FY25)	--	--	Completed July 2024	6/30/2017	Every 7 years (2031)
Adult Disabled Recertification	Retiree	N/A 67 (FY25)	--	--	Completed February 2025	2015 by previous Administrator	Every 7 years (2031)
Medicare Savings Program	Retirees and Dependents	36	60	2	Restarted Q3 of 2025	12/31/2018	Monthly
Domestic Partner Recertification	Active	167 82 (A-G FY25)	128 (H-N)		Restarted Q1 of 2025 completed by 6/30/25 (A-G) Restarted Q1 of 2026 completed by 3/31/26 (H-N) Restarting Q1 of 2027 (O-U) Restarting Q1 of 2028 (V-Z)	12/31/2018	Every 4 years
Domestic Partner Recertification	Retiree	20	67	--	Restarted December 2025	8/31/2017	Every 4 years (2029)
Out-of-State Unreported Deaths	Retirees and Dependents	48	90		Restarted December 2025	4/5/2018 - (Terminations retroactive to date of death)	Quarterly
Surviving Spouse	N/A	25	--		Restarted Q3 of 2026	11/30/2017 and 2/28/2018	Every other month
Termination of Life Insurance Enrollment for Terminated Employees	Active	2,073	450		Restarted Q4 of 2025	3/27/2019 (retroactive to 3/31/2018)	Annually (Fall 2026)
Spouses with Self and Two-Party Plans	Active and Retiree	14	--		Restarted Q3 of 2026	3/31/2018	Annually

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

July 16, 2026

TO: EUTF Board of Trustees

FROM: Melissa Tom, Health and Wellness Specialist

SUBJECT: June – July Health and Wellness Specialist Report

This report covers the period June 13, 2026 – July 16, 2026

A. Worksite Wellness
1. Two education workshop webinars were offered this reporting period: 1) "Bone-ified Talk", hosted by HMSA, which focused on understanding your bones and how to keep them strong and prevent fractures and 2) "Sun Safety", hosted by Kaiser, which highlighted how to prevent sun damage, the signs of heat-related illness, and ways to cool down.
2. The *Good Nurtured* Challenge, hosted by Kaiser, began on July 13. The mental health challenge empowers participants to cultivate kindness, strengthen connections with themselves, others, and the community, and do three kind habits each day.
3. EUTF Health and Wellness (H&W) continues to support planning efforts for summer events with the Department of Human Services. H&W has also started planning for Carriers to support an upcoming event in Hilo with the Department of Corrections and Rehabilitation.
4. Wellness Program Activities for July were sent to Human Resource Offices (HROs) and Wellness Champions, for distribution to employees. The announcement promoted activities to support aging well. See attached.

B. Preventive Health
1. The HDS member campaign launched on July 7 with a direct mailer. The campaign targeted active adult members, active adult members with children, and retirees who have had no exams in the past year. The campaign encouraged the importance of dental care, preventive exams, and flossing. The mailer also promoted the *Grin and Win* sweepstakes which encourages members to sign in to their HDS account and complete their dental exam and cleaning. See attached for the sweepstakes flyer.
2. HMSA's Annual Preventative Health Evaluation and Physical Exam incentive campaign launched on June 22, with a mailer, and July 1, with an email, to all EUTF HMSA members. The campaign encourages members to visit their PCP for an in-person annual exam and to log in to their "My Account" platform. The mailer went out to 70,034 members and the email to 38,733 members. See attached.

3. Kaiser's Total Health Assessment Rewards Program kicked off on July 10 with a postcard mailer. The incentive campaign encourages members to complete a Total Health Assessment survey and three online health programs to earn rewards. See attached.

Chronic Disease Management

1. No activities to report.

Attachments

EUTF Health and Wellness Program

Take time for your well-being!

June 2026

Health and Wellness Campaigns

HDS Members-Grin & Win

Enter to win a Apple iPad!

- Create and log in to your HDS account at HawaiiDentalService.com/EUTF between July 1 and August 30, 2026.
- See your dentist for a dental exam and/or cleaning between March 1 and August 30, 2026.

Open exclusively to EUTF HDS active, retired, or dependent members that are a Hawaii resident at the time of entry and at least 18 years old.

Kaiser Members-Earn rewards for healthy changes!

Earn up to $100 in rewards! Complete digital health programs, including the Total Health Assessment and up to three Healthy Lifestyle Programs:

- Total Health Assessment-Do this simple 10-minute online survey and earn $25 in rewards.
- Healthy Lifestyle Programs-Complete up to 3 online health programs for up to $75 in rewards.

Start earning your rewards today, scan the QR code or visit kp.org/rewards.

Open exclusively to EUTF Kaiser subscribers and your enrolled spouse/domestic partner, 18 years old and older, except for retirees and those enrolled in the HSTA VB Plan.

Health and Wellness Challenges

Good Nurtured Wellness Challenge~ July 13-August 9, 2026

Good Nurtured empowers participants to cultivate kindness, strengthen connections, and build simple, daily well-being habits through 3 “Good Things”: GOOD TO ME – GOOD TO YOU – GOOD TO ALL. Register for the 4-week challenge, track your activity from July 13-August 9, and earn chances to win a $250 gift card! To learn more about this brand new challenge, watch the kick-off or this short intro video. Good Nurtured registration is open now!

Open to EUTF active, retired, or dependent members that are a Hawaii resident at the time of entry and at least 18 years old.

Webinars

Click titles below for more info!

**Must register and participate in the live webinar or recording within 5 business days to be eligible for prizes.*

Good Nurtured Challenge Kick-off

July 7 Tuesday
11:30am-12pm

Join the kickoff webinar to learn more about our brand new acts of kindness challenge. The Good Nurtured wellness challenge starts on July 13!

Sun Safety

July 16 Thursday
11:30am-12:15pm

Learn about ultraviolet rays, preventing sun damage, the signs of heat-related illness, and ways to cool down. Register and attend to be entered to win a $100 VISA gift card!

Crimes Against Spines

July 28 Tuesday
11:30am-12pm

Many of us ignore our neck and back. Improper lifting, poor posture, weight gain, and lack of exercise can contribute to an unhealthy spine. Learn about these areas of neglect and what you can do to help prevent pain and injury. Join to be entered to win a $100 Amazon gift card!

OFFICIAL HDS SWEEPSTAKES FOR EUTF MEMBERS

DELTA DENTAL

HDS Hawaii Dental Service

EUTF BE WELL BE STRONG

GRIN & WIN SWEEPSTAKES

Tap into your best smile.

A healthy smile starts with simple, consistent habits. Brushing twice a day with fluoride toothpaste, flossing daily, and limiting sugary snacks can help prevent cavities and gum disease before they start.

Regular dental visits are just as important. Routine exams and cleanings allow your dentist to catch small issues early and help you avoid complex treatment down the road, keeping your smile in top shape.

Your HDS plan covers 100% of the fees for two exams and two cleanings per calendar year. You only pay the tax.

To find an HDS participating dentist, visit HawaiiDentalService.com/FindaDentist. For more information, call the HDS Customer Service team at (808) 529-9310 or toll-free at 1-866-702-3883.

HOW TO ENTER

Entrants must complete both steps by August 30, 2026 to be eligible to win. Winners will be notified via email.

1. **Create a personal account at HawaiiDentalService.com/EUTF.** If you already have an account, log in between July 1, 2026 and August 30, 2026 to confirm that your email address is current.

2. **See your dentist for a dental exam and/or cleaning** between March 1, 2026 and August 30, 2026. See the next page for official rules and more information.

PRIZES

Entrants will have a chance to win an Apple iPad 256 GB (actual color may vary subject to availability).

APPLE IPAD 256 GB WI-FI

ENTER TO WIN AN APPLE IPAD!

Prizes are subject to federal and state taxes. Please consult your tax advisers. Active employees of the State of Hawaii will have the value of the prize added into payroll and their IRS W-2 form. Active employees of the counties of Kauai, Maui, Hawaii, and the City and County of Honolulu will receive a Form 1099 from HDS. The drawing is exclusive to EUTF actives, retirees, and their dependents over the age of 18.

OFFICIAL RULES

General. No purchase is necessary to win a prize. You must be an active, retired, or dependent EUTF member and legal Hawaii resident at the time of entry and the time of any prize award. You must be at least 18 years old to enter. You must provide your personal email upon registering with HawaiiDentalService.com. You may only enter on your own behalf. Hawaii Dental Service is the administrator of the HDS Grin & Win Sweepstakes which is in no way sponsored, endorsed, administered or associated with GoPro Inc. or any other camera manufacturer in any way.

Eligibility. Employees of Hawaii Dental Service are not eligible to enter or win. EUTF members may enter other HDS Sweepstakes, if eligible.

Promotional period. The promotion for the chance to win one of the prizes set forth in section 6 below will begin on July 1, 2026 at 12:01 a.m. HST and end on August 30, 2026 at 11:59 HST. ("Promotional Period").

How to enter. You may only enter once. Your entry will automatically be generated once you register a personal account online at HawaiiDentalService.com (If you already have an account, you must log into your account at least one time to verify HDS has the most updated email address during the Promotional Period), and have had a dental exam and/or cleaning between March 1, 2026 and August 30, 2026.

Effective date of entries. Online entries received within the Promotional Period will be eligible for entry into the Sweepstakes. Completion of one dental examination and/or cleaning by an HDS provider or any licensed provider between March 1, 2026, and August 30, 2026 will be verified. All entries become the exclusive property of HDS and will not be acknowledged or returned.

Prizes and odds of winning. Each eligible entrant who registers and logs into their HawaiiDentalService.com account and has a dental examination and/or cleaning by an HDS provider or any licensed provider will receive a chance to win one of thirty (30) Apple iPad 256 GB Wi-Fi valued at $449. The odds of winning will be determined by the number of eligible entries. Each eligible entry has an equal chance at winning a prize. You may only win one prize during each Promotional Period.

Selection of winners. The winners will be determined by a random drawing by HDS from all eligible entries received by the end of the Promotional Period. The winners' names will be drawn for the prizes no later than forty-five (45) days after the close of the Promotional Period. By accepting their prize, the winner agrees to these Official Rules, including the use of their name, voice, and/or likeness for the purpose of announcing the winner of the promotion without further compensation. If the winner does not agree to be bound by these Official Rules, their prize will be forfeited. All prizes are nontransferable, and no cash or other prize substitutions will be permitted except at the sole discretion of Hawaii Dental Service. Winner is solely responsible for reporting and payment of any taxes on a prize. Winner may be required to provide his/her valid Social Security number to HDS for tax purposes and/or complete an IRS W-9 form in order to claim a prize. Active EUTF member winners employed by the State of Hawaii will have the value of the prize added into their payroll and IRS W-2 form in order to claim a prize. Active EUTF member winners employed by the counties of Kauai, Maui, Hawaii, and the City and County of Honolulu will complete an IRS W-9 and will be sent a form 1099 from HDS. An EUTF Retiree or dependent of an active member or retiree, will complete an IRS W-9 and will be sent a form 1099 from HDS. All Winners are solely responsible for all federal, state, and local taxes on prize value, as applicable.

Notification of winners. The winners of the prizes will be notified by email at the address provided upon registration for their online account at HawaiiDentalService.com within two (2) weeks after they are selected. All decisions are final and binding. Winner must contact HDS within five (5) business days from the date the notification is sent by HDS to claim their prize. Failure to contact HDS within that five (5) day period will result in immediate disqualification of the selected entrant. No exceptions will be made to this rule. HDS is not responsible for and shall not be liable for late, lost, misdirected or unsuccessful efforts to notify winners. A copy of these rules and a list of the winners can be obtained by emailing Marketing@HawaiiDentalService.com or calling Oahu: (808) 529-9310 or toll-free 1-866-702-3883.

Limitation of Liability. HAWAII DENTAL SERVICE SHALL HAVE NO LIABILITY FOR ANY PERSONAL INJURIES, DEATH, PROPERTY DAMAGE, OR OTHER DAMAGES OR EXPENSES RESULTING FROM OR ARISING OUT OF ANY ASPECT RELATED TO THE USE OF THE AWARD OR ANY OTHER ASPECT OF AN AWARD RECIPIENT'S ACCEPTANCE OF USE OF AN AWARD. Other conditions. Hawaii Dental Service and their respective agents and representatives, their affiliates, subsidiaries, advertising, promotions and fulfillment agencies, and legal advisors are not responsible for and will not be liable for: (I) late, lost, damaged, misdirected, incomplete, unintelligible, or non-received entries; (II) telephone, electronic, hardware or software programs, network, Internet, or computer malfunctions, failures, or difficulties of any kinds; (III) failed, incomplete, garbled, or delayed computer transmissions; (IV) any condition caused by events beyond the control of HDS that may cause drawings to be disrupted or corrupted; (V) any injuries, losses, or damages of any kind arising in connection with or as a result of the drawings, or from participation in the drawings; or (VI) any printing of typographical error in any material associated with the drawings. Hawaii Dental Service reserves the right in its sole discretion, to modify or cancel the drawings in part or its entirety, to comply with any and all federal, state, and local laws, rules, and regulations, or in the event the drawing becomes corrupted by technical error or unauthorized human intervention. HDS reserves the right to change contest rules without notification.

Privacy. We are required by law to maintain the privacy and security of your personally identifiable health information. Although HDS and the EUTF may use aggregate information it collects to evaluate plan communication and other related plan services by HDS, HDS will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Sweepstakes, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Sweepstakes will not be provided to the EUTF or your employer. None of the health information you provide may be used in making any employment-based decision. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Sweepstakes or other plan services, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Sweepstakes or receiving an incentive. Anyone who receives your information for the purposes of providing you services as part of the Sweepstakes will abide by the same confidentiality requirements. For instance, applicable employers will be notified of active employee winners for purpose of payroll tax deduction of the prize.

Choice of law. All issues and questions concerning the construction, validity, interpretation, and enforceability of these Official Rules or the rights and obligations of you and HDS in connection with the Sweepstakes, will be governed by and construed in accordance with the substantive laws of the State of Hawaii.

Schedule Your Annual Doctor Visit

You could win a $300 Amazon e-gift card.

Your Well-Being Rewarded

Kickstart your journey to better health by making annual doctor visits a priority, even if you don't feel sick.

Your HMSA health plan includes an annual checkup at no cost when you see a primary care provider (PCP) in HMSA's network. During this visit, your PCP will evaluate your overall health and identify potential health conditions early.

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 $300 Amazon e-gift card. Virtual and phone appointments don't qualify for entry.

Step 1: Schedule your exam

Visit your PCP for an in-person annual evaluation by Oct. 31, 2026, if you haven't already completed one within the last year. If you don't have a PCP, visit **hmsa.com/eutf** and click Find a Doctor to start your search. Or call us at (808) 948-6499.

Step 2: Log in to My Account

Log in to My Account on **hmsa.com/eutf** by Oct. 31. To register for My Account, click My Account Login, use your personal email address, and enter your HMSA subscriber ID number. If you're already registered, log in and confirm that your email address is current. Members who complete their exam between July 1, 2025, and Oct. 31, 2026, are eligible for entry.

Seeing Your PCP Annually Matters

Having a PCP means you have a health care partner who can help you track your progress toward your health and well-being goals. Your PCP can answer any questions you may have about medications, treatment plans, or other health issues.

(continues in back)

EUTF • WELL • BE • STRONG

hmsa

Questions?

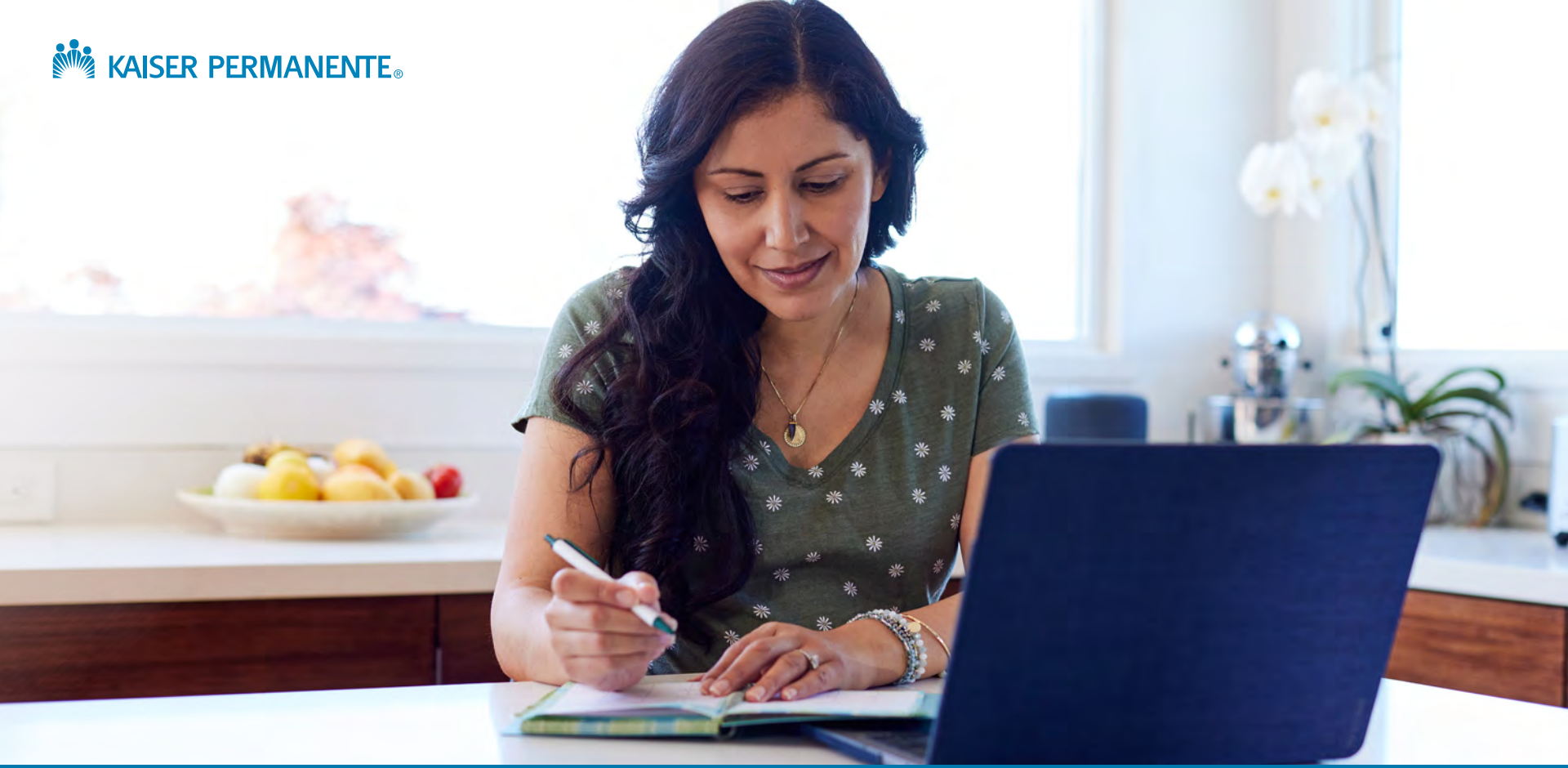
For more information about the annual evaluation, see your plan's *Guide to Benefits* at **hmsa.com/eutf.** Or call (808) 948-6499 or 1(800) 776-4672 Monday through Friday, 8 a.m. to 5 p.m.

For official rules, visit **hmsa.com/eutfwellbeingreward**.

This drawing for a $300 Amazon e-gift card is exclusive to EUTF actives, retirees, and their dependents over the age of 18 who are Hawaii residents. Prizes are subject to federal and state taxes. Please consult your tax advisers. Active employees of the state of Hawaii receiving prizes will have the value added into their payroll and W-2. Active members employed in the counties of Kauai, Maui, Hawaii, and the City and County of Honolulu will receive a Form 1099 from HMSA. Dependents will receive a Form 1099 from HMSA.

For HSTA VB Active plan members. Physical examinations (routine annual checkups) are covered for those who are 22 years and older. Routine and preventive care are covered from birth through age 21 under the Well-child Care plan benefit.

(08) 4000-1829801 VB 6:26 fn



Ready to make healthy changes?

Earn up to $100 in rewards by completing online activities to support your wellness goals.

Earn rewards for completing digital health programs, including the Total Health Assessment and healthy lifestyle programs. Start earning your rewards today at kp.org/rewards.

Take the total health assessment

Do this simple 10-minute online survey and earn $25 in rewards. With the Total Health Assessment, you can:

- Get a personalized action plan
- Learn more about your health

Complete up to 3 healthy lifestyle programs

Take up to 3 online health programs for up to $75 in rewards. They can help you:

- Live a more balanced life
- Eat healthier
- Reduce stress
- Provide work/life balance
- And more!

You are responsible for any taxes that may be due on the amounts received. Please talk to your personal tax adviser for specific tax information about this reward.

Scan the code or visit **kp.org/rewards** to start earning your rewards today

For questions or to check on your rewards status, contact Kaiser Permanente Rewards Member Services at **1-866-300-9867** or email **RewardsCustomerService@kp.org**. Please provide your name, a brief statement of your question or issue, your group name ("Employer-Union Health Benefits Trust Fund") and your daytime phone number.

The rewards program runs from July 1 to June 30 each contract year and is open to all Kaiser Permanente EUTF subscribers and your enrolled spouse/domestic partner, 18 years old and older, **except for retirees and those enrolled in the HSTA VB Plan**. You can only earn up to $100 per contract period. You must complete the activities during the contract year. Rewards will be issued 4 to 6 weeks after you complete your activity. Rewards cards expire 12 months after activation.

KAISER PERMANENTE®
711 Kapiolani Blvd.
Honolulu, HI 96813

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

July 16, 2026

TO: Board of Trustees

FROM: Amy Cheung ae
EUTF Financial Management Officer

SUBJECT: June – July 2026 Financial Services Branch (FSB)

This report covers the period of June 13, 2026 through July 16, 2026. Additional details will be provided upon request.

a. FSB Performance Data
FSB's call answer rate was 98.02% (942 out of 961 calls) for June 2026 compared to 97.59% for May 2026. Please see attached for the Automated Call Distribution (ACD) reports for more information.

During June, staff reviewed and issued 358 shortage notices and 122 cancellation notices compared to 336 shortage notices and 124 cancellation notices last year. Staff also reviewed and mailed out 104 retiree invoices to retirees who pay a portion of their premiums via check for the month of June.

b. Refunds and Medicare Part B Overpayments Status
Refunds: The 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 was $830,448 as of June 30, 2025 and $288,926 as of May 31, 2026, reflecting a net decrease of $541,522 during the fiscal year. This payable balance will be updated as part of the fiscal year-end final reconciliation process.

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, 2025, the EUTF has written off 906 Medicare Part B overpayments totaling $578,379. We recovered 10 overpayments totaling $42,625 in June.

c. EUTF Collections

The following provides the collections status on completed audits as of June 30, 2026.

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	$82,158	$19,845
Unreported Divorces for Retirees/Actives - Ongoing	08/30/18-present	22	$907,104	$277,324	$563,608	$66,172
Family Link & Special Audits - Ongoing	12/31/18-present	5	$21,395	$13,745	$0	$7,650
Total		**34**	**$1,234,777**	**$411,340**	**$717,286**	**$106,151**
% of Total				**33%**	**58%**	**9%**

^ Adjusted to exclude accounts on appeal status, approved appeals, and referred to AG for collection.
* Total recovery amount represents total employer contributions owed less adjustments related to approved appeals.

d. Financial Statements as of May 31, 2026

The unaudited financial statements for the month of May 2026 are included in your packet for review.

Accounting Automated Call Distribution Report

June 2026

Day	Day of Week	Incoming Calls	Answered	% Answered	Average Time Per Call (min)	% Answered within x seconds		Abandoned Calls		# of Agents in ACD
						< 30	Callback System	Total	% of Abandoned calls	
1	Monday	61	61	100.00%	3:21	91.80%	0.00%	0	0.00%	4
2	Tuesday	42	42	100.00%	3:32	100.00%	0.00%	0	0.00%	4
3	Wednesday	33	33	100.00%	3:14	90.91%	0.00%	0	0.00%	4
4	Thursday	38	38	100.00%	3:21	94.74%	0.00%	0	0.00%	3
5	Friday	45	45	100.00%	3:26	100.00%	0.00%	0	0.00%	4
8	Monday	66	61	92.42%	3:06	68.85%	3.28%	5	7.58%	3
9	Tuesday	29	29	100.00%	3:07	96.55%	0.00%	0	0.00%	4
10	Wednesday	42	42	100.00%	2:45	83.33%	0.00%	0	0.00%	4
11	Thursday	HOLIDAY - KING KAMEHAMEHA DAY								
12	Friday	42	42	100.00%	2:22	97.62%	0.00%	0	0.00%	4
15	Monday	40	40	100.00%	3:59	95.00%	0.00%	0	0.00%	4
16	Tuesday	39	38	97.44%	3:43	100.00%	0.00%	1	2.56%	4
17	Wednesday	38	37	97.37%	3:22	94.59%	0.00%	1	2.63%	4
18	Thursday	49	46	93.88%	3:39	91.30%	2.17%	3	6.12%	3
19	Friday	22	21	95.45%	3:15	100.00%	0.00%	1	4.55%	4
22	Monday	66	65	98.48%	4:12	89.23%	4.62%	1	1.52%	3
23	Tuesday	46	45	97.83%	5:12	95.56%	0.00%	1	2.17%	4
24	Wednesday	27	27	100.00%	3:19	92.59%	3.70%	0	0.00%	4
25	Thursday	56	55	98.21%	4:24	83.64%	1.82%	1	1.79%	3
26	Friday	59	56	94.92%	4:22	71.43%	8.93%	3	5.08%	3
29	Monday	62	60	96.77%	3:45	68.33%	1.67%	2	3.23%	2
30	Tuesday	59	59	100.00%	2:55	94.92%	0.00%	0	0.00%	4
Monthly Totals		**961**	**942**	**98.02%**	**3:35**	**88.96%**	**1.49%**	**19**	**1.98%**	**4**

Report Created 7/2/2026

Accounting Automated Call Distribution Report

January to December 2026

Month	Incoming Calls Accounting	Answered	% Answered	Average Time Per Call (min)	% Answered within 30 seconds		Abandoned Calls		# of Agents in ACD
					< 30	Callback System	Total	% of Abandoned calls	
January	1,291	1,262	97.75%	3:23	88.67%	0.79%	29	2.25%	3
February	953	943	98.95%	3:31	92.36%	0.53%	10	1.05%	4
March	1,093	1,075	98.35%	3:41	92.47%	0.37%	18	1.65%	3
April	1,088	1,067	98.07%	3:39	90.82%	0.37%	38	3.49%	4
May	956	933	97.59%	3:45	88.32%	0.32%	23	2.41%	3
June	961	942	98.02%	3:35	88.96%	1.49%	19	1.98%	4
July									
August									
September									
October									
November									
December									

Report Created 7/2/2026

Accounting Automated Call Distribution Report

January to December 2025

Month	Incoming Calls Accounting	Answered	% Answered	Average Time Per Call (min)	% Answered within 30 seconds		Abandoned Calls		# of Agents in ACD
					< 30	Callback System	Total	% of Abandoned calls	
January	1,390	1,291	92.88%	3:32	76.12%	N/A	99	7.12%	N/A
February	1,236	1,124	90.94%	4:05	70.87%	N/A	112	9.06%	N/A
March	1,249	1,173	93.92%	3:40	77.90%	N/A	76	6.08%	N/A
April	1,134	1,089	96.03%	3:44	86.17%	0.77%	45	3.61%	3
May	1,169	1,144	97.86%	3:35	85.05%	0.35%	25	2.14%	3
June	1,011	984	97.33%	3:41	89.02%	0.20%	27	2.67%	3
July	1,160	1,138	98.10%	3:45	76.10%	1.49%	22	1.96%	3
August	1,042	1,000	95.97%	3:54	88.50%	1.40%	42	4.03%	3
September	1,221	1,171	95.90%	3:46	83.60%	1.80%	50	4.10%	3
October	1,209	1,178	97.44%	4:08	89.91%	0.93%	31	2.56%	3
November	874	860	98.40%	4:09	92.79%	0.46%	14	1.60%	4
December	1,040	1,025	98.56%	3:33	91.51%	1.07%	15	1.44%	3

Report Created 7/2/2026

Hawaii Employer-Union Health Benefits Trust Fund

ENTERPRISE (ACTIVES) - STATEMENT OF NET POSITION

11 Months Ended May 31, 2026

(PRELIMINARY-Unaudited)

		UNAUDITED Current Month Ended May 31, 2026	UNAUDITED Current Month Ended March 31, 2026	AUDITED Current Month Ended June 30, 2025	*Notes*
	ASSETS				
	Current Assets:				
1	Cash	$ 14,445,044	$ 30,193,448	$ 217,708	
2	Short-term investment (principal)	125,000,000	125,000,000	155,000,000	*Reallocated $30M from excess reserves to cash in 8/25.*
3	Net return on investment	42,446,053	39,374,901	30,405,294	
4		167,446,053	164,374,901	185,405,294	
5	Total cash and investments	181,891,097	194,568,349	185,623,002	
	Receivables:				
6	Premium receivable from State of Hawaii and counties	53,801,750	55,300,434	44,532,131	*Receivable for one month of employer contributions and one pay period of employee payroll premium deductions withheld net of prepayments. The increase compared to June 2025 is primarily due to the timing of payment receipt and active premiums effective 7/1/25.*
7	Rebates receivable	25,203,242	25,211,297	23,935,038	*CVS drug rebates $24.8M, CVS network guarantees $410.3K; less Kaiser, HMSA, HDS and VSP performance penalties $0.8K.*
8	Experience refunds due from insurance companies	-	-	1,305,340	*HDS initial accounting for FY25 actives (rec'd in 2/26).*
9	Self-funded reserves	5,021,274	5,021,274	5,021,274	
10	Prepaid expenses	51,735	68,980	28,742	*Prepaid expenses such as insurance and computer maintenance.*
11	Total current assets	265,969,098	280,170,334	260,445,527	
12	Capital assets, net of accumulated depreciation	6,292,122	6,504,090	7,457,944	*Capitalized assets such as computers, benefits administration system, and other fixed assets.*
13	**TOTAL ASSETS**	$ 272,261,220	$ 286,674,423	$ 267,903,471	
14	Deferred outflows of resources related to pension	1,790,953	1,790,953	1,790,953	
15	Deferred outflows of resources related to OPEB	1,153,285	1,153,285	1,153,285	
16		$ 275,205,458	$ 289,618,661	$ 270,847,709	
	LIABILITIES				
	Current Liabilities:				
17	Vouchers and contracts payable	$ 1,596,283	$ 1,578,590	$ 1,744,576	*Accounts payable (includes one month of payable due to TELUS Health for the maintenace and support of the BAS, PCORI fees, short-term lease liability portion in accordance with GASB 87 and 96, and other vendor payments).*
18	Due to State of Hawaii	-	-	92,313	*Forfeitures for FY25 (paid in 8/2025).*
19	Payable to agency fund	-	-	3,996,495	*Fund reallocation to maintain cash balance.*
20	Accrued wages and employee benefits payable	585,716	551,953	575,706	
21	Premiums payable to insurance carriers	56,468,860	56,539,035	52,993,573	*One month of premiums owed to fully insured plan carriers.*
22	Payable to employee - beneficiaries	286,037	369,636	822,144	*Refunds owed to employee-beneficiaries.*
23	Claims and administrative fee liability for self-funded plan	9,018,854	11,141,770	9,437,166	*Claims reimbursements and administrative fees owed to CVS 1/2 month and Verdegard outstanding claims.*
24	Compensated absences, current portion	432,521	432,521	432,521	*Current portion of unpaid vacation and sick liability in accordance with GASB 101.*
25	Total current liabilities	$ 68,388,271	$ 70,613,505	$ 70,094,494	
	Noncurrent Liabilities:				
26	Net other postemployment benefits payable	4,907,173	4,907,173	4,907,173	*EUTF share of OPEB liability.*
27	Compensated absences	671,564	671,564	671,564	*Non-current portion of unpaid vacation and sick liability.*
28	Net pension liability	6,974,293	6,974,293	6,974,293	*EUTF share of pension liability.*
29	L/T Lease Liability	334,172	334,172	334,172	*Long-term rent lease liability in accordance with GASB 87.*
30	L/T SBITA Lease Liability	1,943,306	1,943,306	1,943,306	*Long-term lease liability portion of subscription-based information technology arrangements (SBITAs) in accordance with GASB 96.*
31	Total Liabilities	$ 83,218,779	$ 85,444,013	$ 84,925,002	
32	Deferred inflows of resources related to pension	369,133	369,133	369,133	
33	Deferred inflows of resources related to OPEB	1,440,379	1,440,379	1,440,379	
34	**TOTAL LIABILITIES**	$ 85,028,291	$ 87,253,525	$ 86,734,514	
	NET ASSETS:				
35	Net investment in capital assets	$ 6,292,122	$ 6,504,090	$ 7,457,944	
	Unrestricted gain primarily from benefit plans				
36	ACA PCORI	2,551,035	2,779,842	2,779,842	*At the 4/28/20 meeting, the Board approved to reserve additional funds to pay for PCORI fees through 6/30/29 for actives and 12/31/28 for retirees.*
37	Self-funded claim stabilization reserve	68,639,000	68,639,000	58,936,000	*Reserve reflects 35% of FY25 self-funded prescription drug plan claims and expenses.*
38	Administrative fees (06/26-06/35 Actives)	64,080,566	66,952,619	70,399,082	*At the 2/6/25 meeting, the Board extended the waiver of administrative fees through 6/30/35 (actives).*
39	Unreserved	48,614,444	57,489,585	44,540,327	
40	Unrestricted gain primarily from benefit plans	183,885,045	195,861,047	176,655,251	*Unrestricted gain or surplus for EUTF. This amount is cumulative from year-to-year.*
41	Total Net Assets	190,177,167	202,365,136	184,113,195	
42	**TOTAL LIABILITIES AND NET ASSETS**	$ 275,205,458	$ 289,618,661	$ 270,847,709	

Hawaii Employer-Union Health Benefits Trust Fund

ENTERPRISE (ACTIVES) - STATEMENT OF REVENUE, EXPENSES and CHANGES IN NET POSITION

11 Months Ended May 31, 2026

(PRELIMINARY-Unaudited)

		05/31/26 11-Month Budget	05/31/26 11-Month Actual	Variance	05/31/2026 Self-Funded Plans and Other 11-Month Actual	Notes
	REVENUES:					
1	Premium revenue for self-funded plans	$ -	$ -	$ -	$ 138,769,229	
2	Investment income	-		-	6,820,540	*$4.0M income from investments at Northern Trust and $2.8M BOH excess credits.*
3	Unrealized gain (loss) on investments	-		-	8,347,651	*Appreciation (Depreciation) in fair market value of short-term investments.*
4	CVS rebates	-	-	-	59,171,229	*CVS rebates $50.6M plus $8.6M adjustments related to prior years.*
5	Purchasing card rebates	-	-	-	898	
6	Performance penalties	-		-	6,963,973	*Performance penalties (HMSA $6.85M, Kaiser $82.8K, and Verdegard $32.4K).*
7	Experience refunds	-	-	-	191,397	*HDS initial accounting for FY25 actives $191.4K.*
7	Total Revenues	$ -	$ -	$ -	$ 220,264,917	
	EXPENSES:					
8	TPA expenses	$	$	$	$ 940,615	*Administrative expenses paid to self-funded plan carriers (CVS $846.2K and Verdegard $94.4K).*
9	Benefits paid for self-funded plans				201,173,319	*Claims paid to self-funded plan carriers net of drug settlements (CVS $200.95M and Verdegard $222.9K).*
10	Personnel services	6,781,573	6,266,095	515,478	-	*Salaries and fringe benefits for EUTF staff.*
11	Office supplies	19,250	11,151	8,099	-	*Office supplies include copier paper, envelopes, repair and maintenance, board refreshments, and other small purchases.*
12	Dues & subscriptions	4,583	4,630	(47)	-	*Annual membership fees for IFEBP, NCPERS, and SALGBA. The annual budget is allocated evenly across 12 months and the IFEBP, NCPERS, and SALGBA memberships were incurred in a single month. The full-year budget is sufficient to cover all dues and subscriptions costs.*
13	Postage	167,750	127,482	40,268	-	*Regular postage refill for confirmation letters, COBRA notices, monthly shortage and cancellation notices, and annual notices.*
14	Telephone	48,583	55,089	(6,505)	-	*Telephone charges include hosted call center, Microsoft Teams calling plan, fax lines, long distance charges, and toll-free line. The variance is the result of overlapping charges incurred following the transition to the new phone system that went live in April 2025.*
15	Printing & binding	143,917	86,252	57,665	-	*Holomua newsletter, Retiree OE reference guides, Annual Notices, and HIPAA Notices.*
16	Transportation - intra-state	4,125	3,294	831	-	*Airfare, car rental, mileage reimbursement, and per diem expenses for interisland travel.*
17	Transportation - out-of-state	58,667	34,960	23,706	-	*Airfare, lodging, transportation, and per diem expenses for out-of-state travel.*
18	Office space	426,250	425,784	466	-	*Office lease rental.*
19	Rental of equipment	23,833	23,277	556	-	*Xerox copiers and postage meter machine. The variance reflects normal fluctuation for copier and postage meter charges.*
20	Insurance	64,167	80,477	(16,310)	-	*Amortization of fiduciary liability. The board approved an additional $10M limit of liability at the 11/25/25 board meeting that increased premiums, resulting in a variance.*
21	Services on a fee basis - legal	253,917	225,302	28,615	-	*Deputy AG's salary and fringe benefits, and outside legal services.*
22	Consultant services	659,083	703,044	(43,960)	-	*Benefit consulting services $328.5K, claims audit fees $259.0K, KKDLY audit fees $114.7K, DOH fees $0.62K, and interpreter fees $.20K. Claims audit credits were recognized in the prior period, therefore, cannot be applied to offset the claims audit fees in the current period, resulting in a variance.*
23	Training and registration	44,917	23,435	21,482	-	*IFEBP & NCPERS conference registration fees. The variance occurred because the annual budget is allocated evenly across 12 months and thetraining costs were incurred in a single month. The full-year budget is sufficient to cover all training and registration costs.*
24	Computer hardware/software maintenance	1,559,907	1,404,529	155,378	-	*$1.375M M&O expenses for the TELUS Health benefits adminstration system and $29.5K for other computer and software expenses.*
25	Depreciation and Amortization	-	-	-	1,165,822	*Depreciation for fixed assets.*
28	ACA Reinsurance and PCORI Fees	-		-	228,807	*PCORI fees.*
26	Investment fees - EUTF reserves	-		-	10,392	*Fees associated with short-term investments.*
	Interest expense				-	*Fees associated with right to use and lease payable assets in accordance with GASB 87.*
27	(Gain) loss from carrier payments	-	-	-	1,207,186	*This amount is the resulting (gain) loss after the collection of employer/employee contributions and the payment to carriers. This amount fluctuates every month.*
28	Total Expenses	$ 10,260,522	$ 9,474,800	$ 785,722	$ 204,726,142	
29	**EXCESS OF REVENUES OVER EXPENDITURES (LOSS)**	$ (10,260,522)	$ (9,474,800)	$ (785,722)	$ 15,538,775	

Hawaii Employer-Union Health Benefits Trust Fund
AGENCY (RETIREES) - STATEMENT OF FIDUCIARY NET POSITION
11 Months Ended May 31, 2026
(PRELIMINARY-Unaudited)

		UNAUDITED Current Month Ended May 31, 2026	UNAUDITED Current Month Ended March 31, 2026	AUDITED Current Month Ended June 30, 2025	*Notes*
	ASSETS:				
1	Cash	$ 73,271,785	$ 72,093,800	$ 127,373,038	
2	Short-term investment (principal)	190,000,000	190,000,000	250,000,000	*Transferred $30.9M to OPEB trust in 7/25 for BoT approved to cover dependent children up to age 26 for retiree plans effective 7/1/25. Reallocated $15M to cash in 12/25 and returned $15M in 1/26. Transferred $25.7M and $3.4M in 1/26 to OPEB Trust for posterior composite fillings and 100% coverage of the caries risk assessment under HDS retiree plan effective 1/1/2026, respectively.*
3	Net return on investment	144,081,851	132,004,129	108,723,726	
4		334,081,851	322,004,129	358,723,726	
5	Total cash and investments	407,353,636	394,097,929	486,096,764	
	Receivables:				
6	Premium receivable from State of Hawaii and counties	40,220,502	44,196,327	-	*Receivable for one month of employer contributions and one pay period of employee payroll premium deductions withheld net of prepayments.*
7	Rebates receivable	50,207,675	50,215,168	47,967,617	*CVS drug rebates $8.5M, Silverscript drug rebates $28.1M, CVS network guarantees $3.1M, low income cost-sharing subsidies (LICS) $1.2M, and Silverscript manufacturers discount $9.9M less coverage gap discounts $0.6M through 12/31/24.*
8	Medicare reimbursements from individuals, net of allowance	232,798	232,798	232,367	*Receivable from beneficiaries of deceased retirees who were overpaid for Medicare Part B premium reimbursements (net of allowance for bad debt).*
9	Receivables from agencies	30,000	135,000	15,600	*Receivable for FY25 GRS billing*
11	Total receivables	90,690,975	94,779,293	48,215,584	
12	Self-funded reserves	8,165,204	8,165,204	8,165,204	*Reserves held by self-funded carriers (CVS $1.7M and Silverscript $6.4M) to cover claim payment lag.*
13	**TOTAL ASSETS**	$ 506,209,816	$ 497,042,426	$ 542,477,552	
	LIABILITIES:				
14	Vouchers and contracts payable	$ 217,342	$ 215,187	$ 215,716	*Accounts payable $13.4K and PCORI fees $203.9K.*
15	Premiums payable	32,276,509	32,450,878	48,322,567	*One month of premiums owed to the fully insured plan carriers.*
16	Due to retirees	2,889	3,734	8,304	*Refunds owed to retirees.*
17	Medicare Part B premium reimbursement payable	25,263,424	-	-	*At quarter-end, we reimburse retirees Medicare Part B premiums. Therefore, the quarter-end balance is zero.*
18	AP unclaimed checks	254,956	254,956	187,050	*Uncashed checks either older than 6 months or deceased (unclaimed) owed to members.*
19	Benefit claims payable	32,006,236	32,679,276	32,377,794	*Claims reimbursements and administrative fees owed to CVS and Silverscript.*
20	IBNR liability for self-funded plans	551,100	551,100	551,100	*Incurred but not reported (IBNR) liability for claims reimbursement from self-funded plans.*
21	Total Liabilities	$ 90,572,457	$ 66,155,132	$ 81,662,531	
	NET ASSETS:				
	Unrestricted gain primarily from benefit plans				
22	ACA PCORI fees	$ 3,393,575	$ 3,393,575	$ 3,393,575	*At the 4/28/20 meeting, the Board approved to reserve additional funds to pay for PCORI fees through 6/30/29 for actives and 12/31/28 for retirees.*
23	Self-funded claim stabilization reserve	110,211,000	110,211,000	113,148,000	*Reserve reflects 35% of FY25 self-funded prescription drug plan claims and expenses.*
24	Administrative fees (06/26-12/34 Retirees)	49,476,191	51,588,284	54,122,795	*At the 2/6/25 meeting, the Board extended the waiver of administrative fees through 12/31/34 (retirees).*
25	Unreserved	252,556,593	265,694,435	290,150,652	
26	Unrestricted gain primarily from benefit plans	415,637,359	430,887,294	460,815,022	*Unrestricted gain or surplus for EUTF. This amount is cumulative from year-to-year.*
27	**TOTAL LIABILITIES AND NET ASSETS**	$ 506,209,816	$ 497,042,426	$ 542,477,552	

Hawaii Employer-Union Health Benefits Trust Fund

AGENCY (RETIREES) - STATEMENT OF REVENUE AND EXPENSES and CHANGES IN NET POSITION

11 Months Ended May 31, 2026

(PRELIMINARY-Unaudited)

		05/31/26 11-Month Actual	05/31/2026 Self-Funded Plans and Other 11-Month Actual	*Notes*
	REVENUES:			
1	Premium revenue for self-funded plans	$ -	$ 120,156,283	
2	Investment income	6,771,561	-	*Dividends from short-term investments.*
3	Unrealized gain (loss) in investment	28,615,843	-	*Appreciation (Depreciation) in fair market value of short-term investments.*
4	CVS & Silverscript rebates		90,996,932	*$86.5M (CVS $16.1M and Silverscript $70.4M) plus $4.5M adjustments related to prior years.*
5	Direct subsidy - Silverscript	-	59,816,814	
6	LIPS low income subsidy - Silverscript, Kaiser	-	184,367	*Low income subsidy for Medicare Part D prescription drug plan (Silverscript $125.7K and Kaiser $58.7K).*
7	LICS low Income subsidy - Silverscript		439,789	
8	Reinsurance - Silverscript	-	20,138,048	
9	Manufacturer's Discount - Silverscript		33,605,729	*Manufacturer's discount $36.2M less $2.6M adjustments related to prior years.*
10	Performance penalties		4,642,649	*Performance penalties (HMSA $4.566M, Kaiser $55K, and Verdegard $21K).*
11	Total revenues	$ 35,387,405	$ 329,980,611	
	EXPENSES:			
12	TPA expenses	$ -	$ 4,181,977	*Administrative expenses paid to self-funded plan carriers (CVS $122.5K and Silverscript $4.06M).*
13	Benefits paid for self-funded plans	-	345,322,938	*Claims paid to self-funded plan carriers net of network guarantees and drug settlements (CVS $64.49M and Silverscript $280.83M).*
14	Investment fees	30,342	-	*Fees associated with short-term investments.*
15	(Gain) loss from carrier payments	-	804,791	*This amount is the resulting (gain) loss after the collection of contributions and the payment to carriers. This amount fluctuates every month.*
16	Total expenses	235,974	350,309,706	
17	**EXCESS OF REVENUES OVER EXPENDITURES (LOSS)**	$ 35,151,431	$ (20,329,095)	
18	Transfer to OPEB trust for BoT approved to cover dependent children up to age 26 effective 7/1/25 and HDS plan changes effective 1/1/26.	(60,000,000)	-	
19	**CHANGE IN NET ASSETS**	$ (24,848,569)	$ (20,329,095)	

Hawaii Employer-Union Health Benefits Trust Fund
OPEB STATEMENT OF NET POSITION
11 Months Ended May 31, 2026
(PRELIMINARY-Unaudited)

		UNAUDITED Current Month Ended May 31, 2026	UNAUDITED Current Month Ended March 31, 2026	AUDITED Current Month Ended June 30, 2025	*Notes*
	ASSETS:				
1	OPEB operating account	$ 3,920,888	$ 3,806,152	$ 3,169,199	
2	OPEB contributions	6,547,745,015	6,508,946,892	6,926,453,165	
3	Net return on investment	4,418,251,250	3,805,847,474	2,131,423,726	
4	Total Assets	$ 10,969,917,154	$ 10,318,600,518	$ 9,061,046,090	
	LIABILITIES:				
5	Vouchers and contracts payable	4,269,605	4,519,999	2,353,080	*Payable to Acuitas, ASB Int'l, BlackRock, Callan, Gateway, Geode, Heitman, Longtail, MS Prime, Mt. Lucas, Northern Trust, Nossaman, Meketa Investment Group, Inc., Reinhart, and SLC/Ryan Labs.*
	NET POSITION - Restricted for Other				
6	**Postemployment Benefits**	$ 10,965,647,549	$ 10,314,080,520	$ 9,058,693,010	
	Employers	**OPEB Net Assets**			
7	Hawaii DWS	$ 40,386,333			
8	Honolulu BWS	170,882,899			
9	Kauai DWS	21,807,190			
10	County of Maui	708,767,724			
11	County of Hawaii	505,912,778			
12	County of Kauai	306,475,795			
13	C&C Honolulu	1,968,308,837			
14	State of Hawaii	7,235,312,654			
15	HART	7,793,340			
16	Total	$ 10,965,647,549			

Hawaii Employer-Union Health Benefits Trust Fund
OPEB STATEMENT OF REVENUE AND EXPENSES
11 Months Ended May 31, 2026
(PRELIMINARY-Unaudited)

			05/31/2026 11-Month - Other		05/31/2025 11-Month - Other		*Notes*
	ADDITIONS:			.			
1	Employer contributions at cost	$	448,677,293	$	466,604,174		*Annual required contributions (ARC) to prefund OPEB . City and County of Honolulu, County of Maui, Honolulu Board of Water Supply, and Hawaii Department of Water Supply paid the full ARC in 7/25.*
	Investment earnings:						
2	Investment income		166,760,361		161,220,479		
3	Securities lending income		725,283		582,867		
4	Unrealized gain (loss)		1,242,941,406		209,868,157		
5		$	1,410,427,050	$	371,671,503		
	Investment fees:						
6	Securities lending expense	$	159,471	$	128,168		
7	Management - BOH		6,925		-		
8	Management - Acuitas		3,745,916		3,345,103		
9	Management - Northern Trust		890,197		749,368		
10	Management - SLC (fka Ryan Labs)		99,691		85,689		
11	Management - Geode		348,168		297,631		
12	Management - Mt. Lucas		790,443		681,706		
13	Management - Reinhart		19,446		140,662		
14	Management - Gateway		509,779		416,333		
15	Management - Nossaman		103,811		23,198		
16	Management - Callan		180,250		198,500		
17	Management - BlackRock		68,018		99,051		
18	Management - ASB Intl		686,129		714,763		
19	Management - MS Prime		2,281,279		1,224,872		
20	Management - Heitman		740,310		686,099		
21	Management - Longtail		1,001,799		1,011,674		
22	Custodial - Northern Trust		61,413		61,413		
23	Consulting - Meketa Investment Group, Inc.		456,759		443,456		
24	Total Investment Fees	$	12,149,804	$	10,307,687		
25	Investment Earnings, Net	$	1,398,277,246	$	361,363,816		
26	**EXCESS OF REVENUES OVER EXPENDITURES (LOSS)**	$	1,846,954,539	$	827,967,990		
27	Net Position - Beginning	$	9,058,693,010	$	7,914,708,365		
28	Transfer from Agency Fund		60,000,000		25,000,000		
29	Net Position - Ending	$	10,965,647,549	$	8,767,676,355		

Experience Accounting of CVS Caremark Actives Self-Funded Plans
Summary of FYE 6/30/2025 & FYE 6/30/2026

	CVS Caremark Actives												
	JULY 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	**FYE 6/30/2025**
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	**TOTAL**
Total Revenue	10,220,015	10,178,577	10,199,727	10,266,119	10,281,833	10,252,272	10,184,200	10,203,895	10,197,827	10,184,548	10,207,463	10,110,433	122,486,907
Less:													
Benefit Claims	16,187,706	15,791,642	14,439,820	16,844,504	15,207,788	16,570,384	16,613,185	15,218,808	16,429,528	17,848,074	16,891,530	17,211,740	195,254,708
Administrative Expense	70,285	70,393	70,976	71,332	71,645	71,733	71,292	71,537	71,717	71,825	71,879	71,512	856,125
	16,257,991	15,862,035	14,510,796	16,915,835	15,279,433	16,642,117	16,684,476	15,290,345	16,501,245	17,919,899	16,963,409	17,283,252	196,110,833
Subtotal	(6,037,976)	(5,683,458)	(4,311,069)	(6,649,717)	(4,997,601)	(6,389,845)	(6,500,277)	(5,086,450)	(6,303,418)	(7,735,351)	(6,755,946)	(7,172,819)	(73,623,926)
Add:													
CVS Caremark Rebate	0	0	14,591,773	0	0	15,102,334	0	0	16,068,636	0	0	17,259,433	63,022,175
Remicade Settlement	0	1,507	0	0	0	0	0	0	0	0	0	0	1,507
Zetia Settlement	0	0	7,542	0	0	0	0	0	0	0	0	0	7,542
Namenda Settlement	0	0	0	0	0	110,562	0	0	0	0	0	0	110,562
Valeant Pharmaceuticals	0	0	0	0	0	0	0	14,269	0	0	0	0	14,269
Ranbaxy Settlement	0	0	0	0	0	0	0	0	1,298	0	0	0	1,298
IBNR	0	0	0	0	0	0	0	0	0	0	0	3,000	3,000
TOTAL	(6,037,976)	(5,681,951)	10,288,247	(6,649,717)	(4,997,601)	8,823,051	(6,500,277)	(5,072,180)	9,766,516	(7,735,351)	(6,755,946)	10,089,613	(10,463,572)

	CVS Caremark Actives												
	JULY 2025	AUG 2025	SEP 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	FEB 2026	MAR 2026	APR 2026	MAY 2026	JUNE 2026	**FYE 6/30/2026**
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	**TOTAL**
Total Revenue	12,532,859	12,494,394	12,612,770	12,605,512	12,653,591	12,666,099	12,530,753	12,572,732	12,614,177	12,576,494	12,582,317		138,441,697
Less:													
Benefit Claims	17,217,077	17,107,753	17,461,427	19,353,290	17,332,090	19,672,841	17,236,766	17,846,026	19,481,566	19,769,759	18,479,766		200,958,362
Administrative Expense	72,268	72,077	72,821	88,300	77,138	77,306	76,780.00	77,172	77,378	77,518	77,418		846,176
	17,289,346	17,179,829	17,534,248	19,441,590	17,409,228	19,750,147	17,313,546	17,923,198	19,558,944	19,847,277	18,557,184		201,804,538
Subtotal	(4,756,487)	(4,685,435)	(4,921,478)	(6,836,078)	(4,755,637)	(7,084,048)	(4,782,793)	(5,350,466)	(6,944,767)	(7,270,783)	(5,974,867)	0	(63,362,841)
Add:													
CVS Caremark Rebate	0	0	18,158,241	0	0	14,715,625	0	0	17,700,000	0	0		50,573,867
Remicade Settlement	0	0	0	9	0	0	0	0	0	0	0		9
Epipen Antitrust Settlement	0	0	0	0	0	0	0	2,885	0	0	0		2,885
Valeant Pharmaceuticals	0	0	0	0	0	0	0	623	0	0	0		623
Namenda Settlement	0	0	0	0	0	0	0	0	117	0	0		117
Suboxone Settlement	0	0	0	0	0	0	0	0	0	0	3,077		3,077
Zetia Settlement	0	0	0	0	0	0	0	0	0	0	1,268		1,268
TOTAL	(4,756,487)	(4,685,435)	13,236,763	(6,836,068)	(4,755,637)	7,631,577	(4,782,793)	(5,346,959)	10,755,350	(7,270,783)	(5,970,522)	0	(12,780,995)

Experience Accounting of CVS Caremark Non-Medicare Retirees Self-Funded Plan
Summary of FYE 6/30/2025 & FYE 6/30/2026

	CVS Caremark Non-Medicare Retirees												
	JULY 2024	AUGUST 2024	SEPT 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	**FYE 6/30/2025**
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	TOTAL
Revenue	2,357,969	2,295,312	2,349,299	2,264,046	2,304,254	2,337,031	2,491,193	2,433,248	2,383,237	2,388,651	2,321,704	2,401,139	28,327,082
Less:													
Benefit Claims	5,693,636	5,569,274	5,101,964	5,667,539	5,009,105	5,490,304	6,371,141	5,319,990	5,558,919	5,622,096	5,327,011	5,441,318	66,172,298
Benefit Claims Medicare	(1,407,661)	(1,451,011)	(1,327,444)	(1,407,777)	(1,298,782)	(1,366,508)	(1,948,804)	(1,105,611)	(1,203,004)	(1,174,317)	(1,128,716)	(1,123,690)	(15,943,325)
Net Benefit Claims	4,285,976	4,118,264	3,774,521	4,259,762	3,710,322	4,123,796	4,422,337	4,214,379	4,355,916	4,447,779	4,198,295	4,317,628	50,228,973
Administrative Expense	10,798	10,746	10,600	10,479	10,349	10,353	11,538	11,332	11,144	10,956	10,806	11,014	130,115
	4,296,773	4,129,010	3,785,121	4,270,241	3,720,672	4,134,149	4,433,875	4,225,711	4,367,060	4,458,735	4,209,101	4,328,642	50,359,088
Subtotal	(1,938,804)	(1,833,698)	(1,435,822)	(2,006,194)	(1,416,418)	(1,797,118)	(1,942,682)	(1,792,463)	(1,983,823)	(2,070,084)	(1,887,397)	(1,927,503)	(22,032,006)
Add:													
CVS Caremark Rebate	0	0	4,640,155	0	0	4,255,548	0	0	4,717,833	0	0	4,694,537	18,308,072
Remicade Settlement	0	306	0	0	0	0	0	0	0	0	0	0	306
Zetia Settlement	0	0	245,269	0	0	0	0	0	0	0	0	0	245,269
Namenda Settlement	0	0	0	0	0	47,384	0	0	0	0	0	0	47,384
Valeant Pharmaceuticals	0	0	0	0	0	0	0	4,756	0	0	0	0	4,756
Ranbaxy Settlement	0	0	0	0	0	0	0	0	5,874	0	0	0	5,874
Daraprim Settlement	0	0	0	0	0	0	0	0	3,512	0	0	0	3,512
Network Guarantee	0	0	0	0	0	2,055,678	0	0	0	0	0	0	2,055,678
IBNR	0	0	0	0	0	0	0	0	0	0	0	(5,500)	(5,500)
TOTAL	(1,938,804)	(1,833,392)	3,449,602	(2,006,194)	(1,416,418)	4,561,492	(1,942,682)	(1,787,707)	2,743,395	(2,070,084)	(1,887,397)	2,761,534	(1,366,655)

	CVS Caremark Non-Medicare Retirees												
	JULY 2025	AUGUST 2025	SEPT 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	FEB 2026	MAR 2026	APR 2026	MAY 2026	JUNE 2026	**FYE 6/30/2026**
	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	Retirees	TOTAL
Revenue	2,437,716	2,431,489	2,424,468	2,403,302	2,392,149	2,241,935	2,513,531	2,606,536	2,494,695	2,524,442	2,485,820		26,956,081
Less:													
Benefit Claims	4,497,286	5,621,815	6,020,342	6,259,000	5,499,742	6,645,567	6,999,235	6,046,569	6,025,718	6,496,837	5,722,362		65,834,471
Benefit Claims Medicare	(1,205,938)	(1,205,295)	(1,218,455)	(1,367,295)	(1,228,890)	(1,497,135)	(2,069,377)	(1,372,863)	(1,135,165)	(1,269,740)	(1,127,265)		(14,697,418)
Net Benefit Claims	3,291,347	4,416,520	4,801,887	4,891,705	4,270,852	5,148,431	4,929,858	4,673,706	4,890,553	5,227,098	4,595,097		51,137,054
Administrative Expense	11,052	10,986	10,936	10,902	10,714	10,574	11,689	11,695	11,544	11,279	11,155		122,526
	3,302,399	4,427,506	4,812,823	4,902,607	4,281,566	5,159,005	4,941,547	4,685,401	4,902,097	5,238,377	4,606,252		51,259,579
Subtotal	(864,683)	(1,996,017)	(2,388,355)	(2,499,305)	(1,889,417)	(2,917,070)	(2,428,016)	(2,078,865)	(2,407,402)	(2,713,935)	(2,120,432)	0	(24,303,498)
Add:													
CVS Caremark Rebate	0	0	5,152,756	0	0	3,938,687	0	0	7,000,000	0	0		16,091,443
Remicade Settlement	0	0	0	2	0	0	0	0	0	0	0		2
Epipen Antitrust Settlement	0	0	0	0	0	0	0	762	0	0	0		762
Valeant Pharmaceuticals	0	0	0	0	0	0	0	208	0	0	0		208
Daraprim Settlement	0	0	0	0	0	0	0	149	0	0	0		149
Namenda Settlement	0	0	0	0	0	0	0	0	5,180	0	0		5,180
Network Guarantee	0	0	0	0	0	1,334,106	0	0	0	0	0		1,334,106
Suboxone Settlement	0	0	0	0	0	0	0	0	0	0	818		818
Zetia Settlement	0	0	0	0	0	0	0	0	0	0	4,801		4,801
TOTAL	(864,683)	(1,996,017)	2,764,401	(2,499,303)	(1,889,417)	2,355,723	(2,428,016)	(2,077,746)	4,597,778	(2,713,935)	(2,114,813)	0	(6,871,648)

Experience Accounting of Silverscript Medicare Retirees Self-Funded Plan
Summary of FYE 6/30/2025 & FYE 6/30/2026

	SILVERSCRIPT - MEDICARE RETIREES ONLY												
	JULY 2024 MEDICARE Retirees	AUGUST 2024 MEDICARE Retirees	SEPT 2024 MEDICARE Retirees	OCT 2024 MEDICARE Retirees	NOV 2024 MEDICARE Retirees	DEC 2024 MEDICARE Retirees	JAN 2025 MEDICARE Retirees	FEB 2025 MEDICARE Retirees	MAR 2025 MEDICARE Retirees	APR 2025 MEDICARE Retirees	MAY 2025 MEDICARE Retirees	JUNE 2025 MEDICARE Retirees	**FYE 6/30/2025** TOTAL
Revenue	10,929,856	10,824,072	11,161,382	11,427,155	11,410,087	11,419,234	9,033,102	9,083,880	9,081,144	9,099,596	9,136,189	9,066,234	121,671,931
Less:													
Benefit Claims - SLV	24,118,206	23,620,826	23,048,930	25,107,526	23,010,257	27,261,193	24,977,477	22,616,570	24,831,075	25,510,312	25,137,036	25,389,274	294,628,681
Benefit Claims Paid to CVS	1,407,661	1,451,011	1,327,444	1,407,777	1,298,782	1,366,508	1,948,804	1,105,611	1,203,004	1,174,317	1,128,716	1,123,690	15,943,325
Administrative Expense	356,908	356,908	356,908	356,306	356,918	357,000	279,536	441,970	362,024	362,960	363,842	363,988	4,315,269
	25,882,775	25,428,744	24,733,281	26,871,610	24,665,958	28,984,700	27,205,817	24,164,152	26,396,102	27,047,589	26,629,594	26,876,952	314,887,276
Subtotal	(14,952,920)	(14,604,673)	(13,571,899)	(15,444,455)	(13,255,871)	(17,565,466)	(18,172,716)	(15,080,272)	(17,314,958)	(17,947,993)	(17,493,405)	(17,810,718)	(193,215,345)
Add:													
Coverage Gap/Manufacturer Discount	0	0	16,009,902	0	0	15,721,115	0	0	7,428,119	0	0	10,345,707	49,504,844
Silverscript Rebate	0	0	24,220,946	0	0	23,259,728	0	0	23,430,985	0	0	24,352,816	95,264,474
Direct Subsidy	901,160	479,522	551,552	544,527	597,510	537,743	3,726,517	3,715,020	5,649,154	4,481,823	4,431,651	4,537,433	30,153,613
LIPS Subsidy	16,136	17,211	15,823	16,760	15,684	17,836	9,316	9,821	10,269	10,033	10,094	10,537	159,520
LICS Subsidy	0	0	0	0	0	477,030	0	0	0	0	0	0	477,030
Part D Reinsurance	3,323,198	3,318,055	3,324,808	3,330,211	3,327,794	3,342,510	1,423,208	1,425,252	1,433,293	1,435,006	1,436,436	1,440,978	28,560,748
IBNR	0	0	0	0	0	0	0	0	0	0	0	(52,700)	(52,700)
TOTAL	(10,712,427)	(10,789,885)	30,551,133	(11,552,956)	(9,314,882)	25,790,496	(13,013,674)	(9,930,179)	20,636,861	(12,021,131)	(11,615,224)	22,824,051	10,852,184

	SILVERSCRIPT - MEDICARE RETIREES ONLY												
	JULY 2025 MEDICARE Retirees	AUGUST 2025 MEDICARE Retirees	SEPT 2025 MEDICARE Retirees	OCT 2025 MEDICARE Retirees	NOV 2025 MEDICARE Retirees	DEC 2025 MEDICARE Retirees	JAN 2026 MEDICARE Retirees	FEB 2026 MEDICARE Retirees	MAR 2026 MEDICARE Retirees	APR 2026 MEDICARE Retirees	MAY 2026 MEDICARE Retirees	JUNE 2026 MEDICARE Retirees	**FYE 6/30/2026** TOTAL
Revenue	9,177,090	9,176,192	9,173,408	9,203,438	9,232,986	9,260,447	7,621,951	7,686,157	7,721,234	7,602,553	7,344,745		93,200,202
Less:													
Benefit Claims - SLV	26,813,821	26,397,763	26,507,424	27,532,275	24,951,143	29,243,656	22,417,270	22,384,890	25,444,916	25,522,449	25,355,426		282,571,033
Benefit Claims Paid to CVS	1,205,938	1,205,295	1,218,455	1,367,295	1,228,890	1,497,135	2,069,377	1,372,863	1,135,165	1,269,740	1,127,265		14,697,418
Administrative Expense	364,742	365,458	366,036	366,550	368,176	367,868	371,317	371,276	371,916	372,899	373,213		4,059,451
	28,384,501	27,968,515	28,091,915	29,266,120	26,548,209	31,108,660	24,857,964	24,129,029	26,951,997	27,165,087	26,855,904		301,327,901
Subtotal	(19,207,410)	(18,792,323)	(18,918,507)	(20,062,682)	(17,315,223)	(21,848,212)	(17,236,013)	(16,442,872)	(19,230,763)	(19,562,534)	(19,511,160)	0	(208,127,699)
Add:													
Manufacturer Discount	0	0	11,679,663	0	0	11,519,714	0	0	13,000,000	0	0		36,199,377
Silverscript Rebate	0	0	25,251,774	0	0	23,697,399	0	0	21,500,000	0	0		70,449,173
Direct Subsidy	6,022,779	4,568,663	4,458,307	4,554,931	4,514,644	4,515,453	5,805,185	5,790,329	7,182,705	6,213,808	6,190,010		59,816,814
LIPS Subsidy	10,840	10,399	10,148	10,769	10,290	11,061	12,650	12,688	13,116	12,129	11,593		125,682
LICS Subsidy	0	0	0	0	439,789	0	0	0	0	0	0		439,789
Part D Reinsurance	1,440,978	1,441,282	1,444,202	1,444,644	1,447,212	1,455,236	2,283,139	2,286,821	2,292,205	2,293,495	2,308,835		20,138,048
Network Guarantee	0	0	0	0	0	1,736,541	0	0	0	0	0		1,736,541
TOTAL	(11,732,814)	(12,771,980)	23,925,587	(14,052,339)	(10,903,288)	21,087,191	(9,135,038)	(8,353,034)	24,757,263	(11,043,102)	(11,000,723)	0	(19,222,276)

Experience Accounting of Verdegard (formerly known as HMA, LLC) Actives Self-Funded Plan
Summary of FYE 6/30/2025 & FYE 6/30/2026

	Verdegard												
	JULY 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUNE 2025	**FYE 6/30/2025**
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	**TOTAL**
Revenue	31,553	31,018	30,759	30,781	30,837	30,438	30,608	31,174	30,520	30,572	29,770	29,150	367,181
Less:													
Benefit Claims	17,736	27,351	15,215	30,370	22,483	22,654	43,648	13,728	14,163	15,888	21,219	11,680	256,134
Administrative Expense	9,080	8,981	9,014	9,030	8,914	8,898	8,931	8,947	8,931	8,898	8,781	8,682	107,087
IBNR	0	0	0	0	0	0	0	0	0	0	0	(11,000)	(11,000)
	26,816	36,331	24,229	39,401	31,397	31,551	52,578	22,675	23,094	24,786	30,000	9,362	352,221
TOTAL	4,737	(5,313)	6,530	(8,619)	(560)	(1,113)	(21,970)	8,499	7,426	5,785	(230)	19,788	14,960

	Verdegard												
	JULY 2025	AUG 2025	SEP 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	FEB 2026	MAR 2026	APR 2026	MAY 2026	JUNE 2026	**FYE 6/30/2026**
	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	Actives	**TOTAL**
Revenue	31,496	30,269	29,986	30,457	30,107	30,016	28,854	28,914	28,912	28,616	29,904		327,531
Less:													
Benefit Claims	18,130	24,584	24,133	8,372	13,603	35,286	38,733	14,442	11,994	17,742	15,916		222,936
Administrative Expense	8,934	8,796	8,727	8,779	8,676	8,590	8,418	8,418	8,401	8,349	8,349		94,438
	27,064	33,380	32,861	17,151	22,279	43,876	47,151	22,861	20,395	26,092	24,266	0	317,374
TOTAL	4,432	(3,111)	(2,875)	13,306	7,827	(13,860)	(18,297)	6,054	8,518	2,524	5,638	0	10,157

CVS/caremark

Monthly Carrier Report

Date: July 6, 2026

Carrier: CVS Health

Period Report Covers: July 2026

Customer Service Utilization and Performance Data:

- **Call Center Statistics**:
  - Number of calls answered by a live representative: 555
  - Percentage of calls answered in 10 seconds: 95.5 % (522 calls)
  - Percentage of calls answered in 30 seconds: 97.2 % (530 calls)
  - Average speed of answer (number of seconds before live person answers calls): 6.3 seconds
  - Average call duration: 552 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 Order – Order Status 18
  - Eligibility – Check Eligibility 19
  - Rx Order – Refill 48
  - Plan Design - Override 35
  - Plan Design- Prior Authorization 110
  - Plan Design - Drug Coverage 188
  - Claim Inquiry – Paid Claim 10
  - Claim Inquiry – Rejected Claim 73
  - Account Maintenance – ID Card 18
  - Miscellaneous – View Account 12
  - Eligibility – Processing Information 19
  - Others 58

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

  Number of Requests: 35

  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 – 1
  - Enroll Verify – 2
  - Outreach – 1
  - Reinstatements – 7
  - Research – 1
  - Rush Enrollments – 22

- **Appeals:**
  100 Total appeals for non-specialty drugs – 65 approved, 35 denied
  15 Total appeals for specialty drugs – 11 approved, 4 denied

- **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:**

  Effective 7/1/2026, EUTF's specialty formulary excludes Stelara and the biosimilars, Pyzchiva and Yesintek, are the preferred options. All patients and providers have been notified, and we expect a seamless transition as we did when we excluded Humira back in 2024. The Humira formulary change we made drove significant savings for our clients while maintaining care for your members. Here is a link to help you learn more about CVS Caremark's formulary strategy to promote biosimilars: https://business.caremark.com/what-we-do/cost-management/biosimilars.html

  There was one Consumer-level recall notice received by CVS Caremark for this report period.

  - Gas-X Extra Strength Softgels manufactured by Haleon

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

SilverScript®

Monthly Carrier Report

Date: July 1, 2026

Carrier: 9445 – State of Hawaii - CVS Health

Period Report Covers: June 2026

Customer Service Utilization and Performance Data:

- **Call Center Statistics**:
  - Number of calls answered by a live representative: 497
  - Percentage of calls answered in 30 seconds: 92.7 % (970 calls)
  - Average speed of answer (number of seconds before live person answers calls): 12.9 seconds
  - Average call duration: 591 seconds
  - Calls abandoned at 30 seconds or greater: 11
  - Percentage of calls abandoned at 30 seconds or greater: 1.1 %

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

- Miscellaneous – View Account 60
- Claim Inquiry – Rejected Claim 123
- Rx Order – Order Status 186
- Account Maintenance – Account Updates 96
- Rx Order Refill 357
- Plan Design - Override 91
- Plan Design- Prior Authorization 99
- Drug Coverage 228
- Others 320

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

Number of Requests: 10

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 – 5
- Enroll Verify – 1
- Outreach – 2
- Reinstatements – 0
- Research – 2
- Rush Enrollments – 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 the 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:**
  Beginning July 1, 2026, CMS established the Medicare GLP-1 Bridge Demonstration, a temporary program available through December 31, 2027. The program provides eligible Medicare beneficiaries access to select weight management GLP-1 medications for a $50 monthly copayment. This program is administered by CMS and operates outside of the Medicare Part D pharmacy benefit.

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

Ty Bowers
Strategic Account Director, Medicare Account Services

DELTA DENTAL

HDS
Hawaii Dental Service

Monthly Carrier Report

Date: July 9, 2026

Carrier: Hawaii Dental Service

Period Report Covers: June 2026

- Customer Service Utilization and Performance Data:
  Number of in person interactions with HDS and EUTF participants (walk-ins) = 0

- Call Center Statistics:
  Total number of calls = 1071

  Percentage of calls answered in 10 seconds = 58.11%

  Percentage of calls answered in 30 seconds = 96.98%

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

  12.16 seconds

  Abandonment rate = 0.18%

  Average call duration = 4:25 minutes

  Breakdown of calls by subject matter
  - Eligibility/Benefits: 38%
  - Claim Status: 13%
  - Request for ID card: 11%
  - Refer to EUTF (address change): 1%
  - Dentist search: 2%
  - Other Misc.: 33%
  - HDS Online Support: 2%

  Results may not total 100%. One call could have more than one subject matter.

- Complaints:
  Number of Complaints = 0

  Average turnaround time complaints were responded to = n/a

  Breakdown of complaints by subject matter Number Resolved/Number Pending

  Resolution – None

- Operational Issues Pertaining to EUTF Members:

Network Additions	Network Exits
Dr. Skye Kim - Hawaii	Dr. Andy J Lee – Oahu
Dr. Jack CH Liu - Oahu	
Dr. Alexander McIlhatten - Oahu	
Dr. Vy Vy Vu - Hawaii	

- Issues Raised by or With the Vendor and Correspondence to or Referred to the Vendor: None

- Any Legal Actions or Proceedings Involving EUTF Members: None

- Pending or Approved Insurance Regulations or State Legislation Affecting Benefits: None

- New Issues with Respect to New Programs or Benefits of Interest to Board: None

- EUTF Client Service Team Contact and Pending Changes to Team, If Any: None

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

  On June 23rd to 25th HDS attended the Hawaii Public Health 2026 Community Health Conference at Alohilani Hotel to advance policies, systems, and environments to support healthier communities. HDS also attended the Women by Women Summit on June 25th. In June, HDS Foundation donated 450 Keiki SMILEKits to Na'alehu Elementary School and 400 Keiki SMILEKits to Hui No Ke Ola Pono. HDS Foundation also donated 100 Adult SMILEKits National Kidney Foundation of Hawaii and 80 Adult and 60 Keiki SMILEKits to the Ka'I Program at 'Iolani Schools for Native Hawaiian and Pacific Islanders.

- Other: HDS received six appeals.

Stacia Baek, Strategic Account Executive

Monthly Carrier Report

Date: July 9, 2026

Carrier: Hawaii Medical Service Association (HMSA)

Period Report Covers: June 2026

Customer Service Utilization and Performance Data:

- **Call Center Statistics**:
  - Number of calls – 2,785
  - Average speed of answer (number of seconds before live body answers calls) – 00:10
  - Average call duration (MM:SS) – 09:43
  - Abandonment rate – 1.03%

- **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.

- **June 2026**
  - Total number of appeals unresolved from the previous month: 21
  - Total number of appeals received: 24
  - Average turnaround time that pre-service appeals were responded to: 15.7 days
  - Average turnaround time that post-service appeals were responded to: 50.0 days
  - Total number of appeals resolved: 23
  - Breakdown of appeals by subject matter – Number Resolved/Number Pending Resolution:
    - 22 Appeals pending as of July 8, 2026.
    - 21 Appeals resolved in June 2026.
    - 0 Appeal(s) withdrawn in June 2026.
    - 2 Appeal(s) voided in June 2026.

Hawai'i Medical Service Association | 818 Keeaumoku St. (808) 948-5110 | P.O. Box 860 Honolulu, HI 96808-0860 | Offices also located on Hawaii Island, Kauai and Maui | hmsa.com

An Independent Licensee of the Blue Cross and Blue Shield Association

Appeal Description	Count of Cases
Overturned	**4**
Imaging	1
Bipap and Humidifier	1
Lab Service	1
Office Visit	1
Upheld	**15**
Cologuard	6
Physical Therapy	2
Tau Phosphorylated Testing	2
ER Services	1
UltraMIST	1
Genetic Testing	1
Ruxience	1
Hearing Aid Batteries	1
Partially Overturned	**2**
Sleep Study	1
Speech Therapy	1
Void	**2**
Lab Service	1
Lumbar/Sacral Facet Joint Radiofrequency Neurolysis	1
Total	**23**

Hawai'i Medical Service Association
818 Keeaumoku St.
(808) 948-5110
P.O. Box 860
Honolulu, HI 96808-0860
Offices also located on
Hawaii Island, Kauai and Maui
hmsa.com

Operational Issues Pertaining to EUTF Members:
None for June 2026.

Issues Raised By or With the Vendor and Correspondence to or Referred to the Vendor:
None for June 2026

Any Legal Actions or Proceedings Involving EUTF Members:
None for June 2026.

Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:
None for June 2026.

New Issues with Respect to New Programs or Benefits of Interest to Board:
None for June 2026.

EUTF Client Service Team Contact and Pending Changes to Team, if Any:
None for June 2026.

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

- Hawaii Lions Foundation Golf Classic
- West Oahu Kupuna Resource Fair
- Vibrant Hawaii Resilience Conference & Academy
- HI Island Contractors' Association Installation and Golf Tournament
- HI Island Chamber of Commerce Installation of Officers & Directors
- We Rise 808 – Best of the West Tournament
- Mariano-Soquena Foundation Golf Tourney
- Lanai Pineapple Festival
- Hawaii Active Senior Expo
- Community Learning Exchange with Boys & Girls Club HI
- HPH & HMSA Business Luncheon
- Tagata Moana Hui North Shore Ohana Foundation Ohana Baby Shower

Other:

- As part of its ongoing commitment to improving the health and well-being of Hawaii's communities, HMSA awarded $75,000 in scholarships to 15 outstanding Hawaii high school seniors through its 2026 Kaimana Scholarship Program. The scholarships recognize exceptional achievement in academics, athletics, community service, and healthy living, while supporting the educational aspirations of Hawaii's future leaders.

Hawai'i Medical Service Association | 818 Keeaumoku St. (808) 948-5110 | P.O. Box 860 Honolulu, HI 96808-0860 | Offices also located on Hawaii Island, Kauai and Maui | hmsa.com
An Independent Licensee of the Blue Cross and Blue Shield Association

- On June 8, 2026, HMSA announced a six-month extension of the PCPM transition period for participating primary care providers serving HMSA Commercial and QUEST members. A follow-up communication issued on June 12, 2026, provided providers until August 14, 2026, to elect an early transition to fee-for-service payments effective September 1, 2026, or remain under their current payment arrangement through December 31, 2026, with a transition effective January 1, 2027. The extension is intended to provide additional time for providers to evaluate transition options and prepare for implementation.

If you have any questions, please contact me at (808) 948-6240.

Sincerely,

Michelle Sasaki
Sr. Manager, EUTF Health Plans Operations
Account Management and Sales

Hawai'i Medical Service Association
818 Keeaumoku St.
(808) 948-5110
P.O. Box 860
Honolulu, HI 96808-0860
Offices also located on
Hawaii Island, Kauai and Maui
hmsa.com

Monthly Carrier Report

Date: July 8, 2026

Carrier: Humana

Plan: EUTF Medicare Advantage Plan (MA Only)

1. **Period Report Covers**: June 1, 2026 through June 30, 2026

Customer Service Utilization and Performance Data:

- **Call Center Statistics**:
  - Number of calls answered by a live representative
    - EUTF specific: 23
    - Humana Book of Business: 82,862
  - Percentage of calls answered in 30 seconds
    - Humana Book of Business: 95.93
  - Average speed of answer (number of seconds before live person answers calls): 3 seconds
    - Humana Book of Business: 7 seconds
  - Average call duration: 462 seconds
    - Humana Book of Business: 736 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	6
Benefits	9
Claims	0
Communication	0
Demographics	0
Disenrollment	0
Eligibility	1
Enrollment	0
Fulfillment	3
Grievance & Appeals	0
Rx	0
Provider	1
Outbound Call	0
Wellness	3
Other/Miscellaneous	0

*EUTF specific

- **Requests by EUTF to Account Management/Customer Care (Account Concierge ACS)**:
    - Number of Requests in June: 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

- **Appeals -**
    - Number of Appeals received in June: 1
    - Number of Appeals resolved in June: 0
    - Number of Appeals withdrawn in June: 0
    - Number of Appeals voided in June: 0
    - Number of Appeals pending in June: 0
    - Total number of appeals remaining open in June: 1
    - Average turnaround time appeals were responded to in June: N/A – Appeal received on 6/23/26 - Currently under review
    - Breakdown of appeals by subject matter:

Appeal Description	Count of Appeals
Overturned	0
Upheld	0
Outpatient Surgery	0
Withdrawn	0
Total	0

- **Humana Walk-In Servicing**
    - The Humana office has a new address at 1001 Bishop Street, ASB Tower | Suite 2305 |Honolulu, HI 96813 as of June 25th, 2026.
    - 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 June.

- **Operational Issues Pertaining to EUTF Members:**
  No information to report for June 2026.

- **Issues Raised By or With the Vendor and Correspondence to or Referred to the Vendor:**
  No information to report for June 2026.

- **Any Legal Action or Proceedings Involving EUTF Members:**
  No information to report for June 2026.

- **Pending or Approved Insurance Regulations or State Legislation Affecting Benefits:**
  No information to report for June 2026.

- **New Issues with Respect to New Programs or Benefits of Interest to Board:**
  Humana proposes 2 options to choose from for CMS Mandated Member Cost Share Update Requirements for Emergency Services.

- **Other:**
  The Humana office has a new address at 1001 Bishop Street, ASB Tower | Suite 2305 |Honolulu, HI 96813 as of June 25th, 2026.

Please contact me with any questions at 502-476-4510, or by email at ghellinger@humana.com .

Thank you,

Gabe Hellinger

Senior Account Executive

KAISER PERMANENTE®

Monthly Carrier Report

Date: July 10, 2026

Carrier: Kaiser Permanente

Period Report Covers: June 2026

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

- **Call center statistics**:

  Number of calls: 546 Calls
  Percentage of calls answered in 30 seconds: 91.11%
  Percentage of calls answered in 20 seconds: 89.84%
  Percentage of calls answered in 10 seconds: 89.29%
  Average speed of answer: 13 seconds
  Abandonment rate: 0.00%
  Average call duration: average talk time 473 seconds
  (17%) Access, (50%) Benefits, (0%) Billing Issues, (7%) Claims, (2%) Complaints, (15%) Eligibility, (4%) ID/Demographics, (5%) Materials Requested

- **Complaints:**

  Number of Complaints: 85
  Average turnaround time complaints were responded to: 11.36 days to close concerns
  Breakdown of complaints by subject matter – Number Resolved/Number Pending
  Resolution: 32 closed, 53 open
  – Access – (10) Appointment schedule, (2) Network adequacy, (1) Referral, (1) Wait for service, (1) Telemedicine delay
  – Benefits & Enrollment – (2) DME, (3) Cost share, (4) Prescription, (1) CMS enrollment/disenrollment, (1) Group enrollment, (2) Eligibility, (1) EOB, (1) Accu/Chiro
  – Facility – (1) Accident/injury
  – Operational Process – (3) Phone system, (1) Membership system, (6) KP.org
  – Physician – (8) Courtesy & communication, (14) Diagnosis treatment or care
  – Other – (5) Billing issue, (2) Prescription, (1) Test results, (2) Fraud/waste, (3) Medical record, (3) Confidentiality, (1) Premiums, (1) Non-KP issue, (3) Balance billing, (1) COBRA

- **Appeals:**

  Number of Appeals in June 2026: 0
  Number of Appeals approved in June 2026: 0
  Number of Appeals denied in June 2026: 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:**
  Expanding access to care in West Maui – Kaiser Permanente Hawaii announced it will partner with Maui Health to open a new Lahaina clinic to serve as a lasting home for care in West Maui and support the community's continued recovery and future health care needs.

  This milestone comes as the community approaches the third anniversary of the devastating wildfires of August 8, 2023, which claimed 102 lives and damaged or destroyed hundreds of homes, schools, and businesses — including Kaiser Permanente's Lahaina Clinic.

  For decades, Kaiser Permanente has delivered integrated care and coverage to the people of Maui, now serving more than 68,000 members across 5 clinics on the island. Alongside its West Maui clinic, Kaiser Permanente's footprint includes multiple locations in Wailuku — Maui Lani Medical Office, Maui Lani 'Elua Clinic, and Wailuku Medical Office — as well as a clinic in Kihei.

  Maui County Mayor Richard T. Bissen Jr. welcomed the announcement as a meaningful step forward to recovery and an anchor to the community.

  In the immediate aftermath of the fires, Kaiser Permanente and Maui Health each rapidly mobilized care teams to West Maui to help ensure continued access to care for residents. Kaiser Permanente's mobile health vehicles played a critical role in delivering essential health care services in the community for more than 6 months.

  In March 2024, Kaiser Permanente further expanded access by establishing a 5,200-square-foot modular clinic on the grounds of the Hyatt Regency Maui Resort. Today, care continues through both the modular clinic and an ongoing mobile health presence, with more than 30,000 patient visits in 2025 alone, underscoring the continued need for accessible care in West Maui.

  The new clinic will be located at 910 Honoapiilani Highway, near the Pioneer Mill Smokestack. Planning and design for the new Lahaina facility on the 3.5-acre property will be informed by community needs, with a focus on delivering high-quality, accessible care for West Maui residents now and into the future.

  This announcement builds on Kaiser Permanente's recent purchase of the 6.28-acre Maui News campus in 2025, an investment that supports expanding its health services near Maui Memorial Medical Center and the Kaiser Permanente Wailuku Medical Office, further advancing access to care across Maui.

Troy Tomita

Senior Account Manager
Kaiser Permanente

securian FINANCIAL™

Employee Benefits Solutions

Monthly Carrier Report – Hawaii EUTF

Date: July 8, 2026
Carrier: Securian Financial
Report Period: June 2026

Customer Service, Utilization and Performance Data

- Group Term Life Claims Paid: 134
- Active Employee Claims: 8
- Retiree Claims: 142
- 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: 266
- Average Speed to Answer: 5 seconds
- Abandonment rate of all calls received: 0.00%
- Average Call Duration: 5 minutes 52 seconds
- Requests by Category:
  - Claims: 2
  - Member information changes or updates: 50
  - Policy related requests: 101
  - Other: 46

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 7/08/2026 by:
Denise Mercil, Field Service Representative, Securian Financial
(808) 282-6783, Denise.Mercil@Securian.com

Monthly Carrier Report

Date: July 8, 2026

Plan: EUTF Supplemental Medical and Prescription Drug Plan

Carrier: Verdegard Hawaii

Period Report Covers: June 1, 2026 through June 30, 2026

Customer Service Utilization and Performance Data	
Total number of employees enrolled:	**456**
Total number of members enrolled:	**1216**
Total number of claims paid:	**114**
Average turnaround time:	**8 Days**

Call Center Statistics	
Number of Calls:	**27**
Average Speed of Answer From a Live Body:	**9.6 seconds**
Abandonment Rate:	**0%**

Breakdown of Calls (By Subject Matter)

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

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

  Claims status inquiries include:

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

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

  Miscellaneous inquiries include:

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

- **Complaints:**
  Number of Complaints: 0
  Average turnaround time complaints were responded to: N/A
  Breakdown of complaints by subject matter: N/A
  Resolution: N/A

- **Operational issues pertaining to EUTF Members:**
  None to report.

- **Issues raised by or with the vendor and correspondence to or referred to the vendor:**
  None to report.

- **Any legal actions or proceedings involving EUTF Members:**
  None to report.

- **Pending or approved insurance regulations or state legislation affecting benefits:**
  None to report.

- **New issues with respect to new programs or benefits of interest to board:**
  None to report.

- **EUTF client service team contact and pending changes to team, if any:**
  None to report.

- **Community activities relating to vendor's that may be of interest to EUTF:**
  None to report.

- **Others:**

Please feel free to contact me directly at (808) 951-4621 ext. 3423 with any questions or clarification concerning this report.

Sincerely,
Jessica Benson

Account Management
Verdegard Hawaii

vsp vision care

Monthly Carrier Report

Date: July 8, 2026

To: **EUTF Board of Trustees**

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

Report Period: **JUNE 2026**

- **Customer Service Utilization Data**:
  - EUTF customer walk-ins to the VSP Hawaii Office in June 2026: N/A

- **Call Center Statistics:**

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

  2026 Quarterly Performance Guarantee applied to VSP's main Customer Service Line

  - Number of Calls Company-Wide: 584,965 calls

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

  2026 Quarterly Performance Guarantee now applies to EUTF-specific phone line
  Q1 2026 Results included in VSP's Performance Standards Report

  - Number of calls: 318 Active & Retiree calls
  - Average speed of answer (# of seconds before live body answers calls): 52 seconds
  - Call abandonment rate: 2.20%
  - Average call duration: 1 minute 23 seconds

  EUTF Member Call Response Report (combined): 219 Active & 268 Retiree calls
  - VSP Confidential EUTF Call Response Reports enclosed
    (Call breakdown by subject matter)

- **Complaints:**
  - Number of Complaints*: 1 (1 Active & 0 Retiree)
  - Average turnaround time complaints were responded to:
    - Call Resolution (same day) 0%
    - 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 1
    - 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:** N/A

Call Response Summary Report
HI EMPLOYER UNION HEALTH TRUST 12216503
June 2026

On average, for 1,000 subscribers, VSP receives 0 calls per month

Total Client Calls

219

Reason	Reason For Calling	Client Counts	Client Percent	VSP Percent BOB
Claims	In-Network Claim	3	1.37%	2.20%
	Out of Network Claim	6	2.74%	2.86%
Doctor Referral	Provided Dr List	7	3.20%	5.83%
Eligibility Not Online	Member Not Active	2	.91%	1.08%
	Refer to Client	4	1.83%	2.44%
IVA Service	Benefits Description link received	52	23.74%	18.85%
	Dependent Check Eligibility	1	.46%	1.24%
	Member Benefits Description	10	4.57%	4.53%
	Member Check Eligibility	19	8.68%	9.28%
	Provider List Link received	4	1.83%	3.04%
Member Benefits & Services	Available Services	53	24.20%	15.21%
	Benefits Description	29	13.24%	13.93%
	Correct Member/Dependent Info	2	.91%	.83%
	ID Number/ID Card Inquiry	10	4.57%	4.46%
Member VSP.com	Claim Submission	1	.46%	.42%
	Password Reset	7	3.20%	2.53%
	Register / Update Account	4	1.83%	2.92%
TPA/Individual Plan	Change/Cancel	3	1.37%	2.28%
	Premiums/Billing	2	.91%	1.73%
Grand Total		219		

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
June 2026

On average, for 1,000 subscribers, VSP receives 0 calls per month

Total Client Calls

268

Reason	Reason For Calling	Client Counts	Client Percent	VSP Percent BOB
Claims	In-Network Claim	6	2.24%	2.20%
	Out of Network Claim	10	3.73%	2.86%
Doctor Referral	Provided Dr List	9	3.36%	5.83%
Eligibility Not Online	Refer to Client	3	1.12%	2.44%
IVA Service	Benefits Description link received	65	24.25%	18.85%
	Dependent Benefits Description	1	.37%	.59%
	Dependent Check Eligibility	1	.37%	1.24%
	Member Benefits Description	19	7.09%	4.53%
	Member Check Eligibility	37	13.81%	9.28%
	Provider List Link received	5	1.87%	3.04%
Member Authorization	Issuing	1	.37%	.58%
Member Benefits & Services	Available Services	48	17.91%	15.21%
	Benefits Description	37	13.81%	13.93%
	Correct Member/Dependent Info	1	.37%	.83%
	ID Number/ID Card Inquiry	13	4.85%	4.46%
Member VSP.com	Claim Submission	1	.37%	.42%
	Password Reset	5	1.87%	2.53%
	Register / Update Account	6	2.24%	2.92%
Grand Total		268		

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
June 2026 - June 2026
State: ALL

Complaint Category: Member

Complaint Description	Jun	TOTAL
MEMBER UNHAPPY WITH VSP PROVIDER REGARDING SERVICE-EXAM MISDIAGNOSED	1	1
TOTAL	**1**	**1**

Complaints and Grievances Summary Report

HI EMPLOYER-UNION TRUST RETIRE - 12216652
State: ALL
June 2026 - June 2026

NO COMPLAINTS FOR THIS CLIENT DURING THIS PERIOD.