

**University of Hawai'i
Part-time and Temporary
Medical and Prescription Drug Plans
Acknowledgement**

Calendar Year: _____

I have been offered the opportunity to enroll in the medical and prescription drug plans for part-time and temporary employees.

I have read the Part-time and Temporary Medical and Prescription Drug Plans memo regarding medical and prescription drug plans offered to State and County employees who are not eligible to enroll in EUTF's medical/prescription drug plans.

I understand participation in the part-time and temporary employees medical and prescription drug plans is voluntary, and if I wish to enroll, I will enroll directly with HMSA or Kaiser. Any questions relating to enrollment, coverage, payments and benefits will be directed to HMSA and/or Kaiser. HMSA and Kaiser contact information is available on the part-time and temporary employees medical and prescription drug plans memo.

I understand under the Affordable Care Act (ACA), I may be subject to a penalty for not having health insurance coverage.

Receipt acknowledged:

Signature: _____ Date: _____

Name (print): _____

HR representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans memo to employee on:

Date: _____ Hr rep or designee (print name) _____

Re-acknowledgement

Employee's signature: _____ Date: _____

HR representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans memo to employee on:

Date: _____ Hr rep or designee (print name) _____

Employee's signature: _____ Date: _____

HR representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans memo to employee on:

Date: _____ Hr rep or designee (print name) _____

Employee's signature: _____ Date: _____

HR representative or designee: I have provided the Part-time and Temporary Medical and Prescription Drug Plans memo to employee on:

Date: _____ Hr rep or designee (print name) _____



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

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ASSISTANT ADMINISTRATOR
DONNA A. TONAKI

May 2020

REVISED

TO: All State and County Part-time and Temporary Employees (*not eligible to enroll in EUTF's medical/prescription drug plans for full-time employees; e.g., 89-day hires, less than 50% FTE, casual hires, substitute teachers, etc.*)

FROM: Derek M. Mizuno, Administrator 

SUBJECT: Medical and Prescription Drug Plans Being Offered to Part-time and Temporary Employees – **Corrected Rates**

The State of Hawaii (including the Department of Education, University of Hawaii, Hawaii Health Systems Corporation, Legislature, Judiciary, Office of Hawaiian Affairs, City & County of Honolulu, County of Hawaii, County of Maui, County of Kauai, and certain Charter Schools using Altres payroll) is offering medical and prescription drug plans, administered by HMSA and Kaiser, to part-time and temporary employees *who are not eligible to participate in EUTF's medical and prescription drug plans for full-time employees.*

Q1. Who is eligible to enroll in the EUTF plans for part-time and temporary employees?

All part-time and temporary employees *who are not eligible to participate in EUTF's medical and prescription drug plans for full-time employees.* Examples of employees who are eligible to participate in the EUTF plans for part-time and temporary employees include employees who are hired for less than a 90-day appointment, employees who are hired for less than 50% full-time equivalency, substitute teachers, and casual hires.

Q2. Am I required to enroll?

No. Participation is voluntary.

Q3. If I elect NOT to enroll under the EUTF plans for part-time and temporary employees, what do I need to do?

Do nothing. You only need to take action if you wish to enroll.

Q4. If I am eligible for coverage under the EUTF plans for part-time and temporary employees, can I enroll my spouse, domestic or civil union partner, and children?

You may enroll yourself and your children under age 26. You may not enroll your spouse, domestic partner or civil union partner.

Q5. How much will I pay for my coverage under the EUTF plans for part-time and temporary employees?

Monthly rates effective 7/1/2020 through 6/30/2021 (corrected):

HMSA 75/25 Plan including prescription drug:

- Self \$1,344.58
- 2-Party \$2,285.68
- Family \$3,227.08

Kaiser Plan including prescription drug:

- Self \$ 499.00
- 2-Party \$ 997.98
- Family \$1,496.96

Q6. Do I have other options for purchasing medical and prescription drug insurance?

Yes. You may qualify to enroll in the plans offered through the federal Health Insurance Marketplace. Please visit their website at www.healthcare.gov for more information.

Q7. Will the State or county pay part of my premium under the EUTF plans for part-time and temporary employees?

No. If you enroll, you will be required to pay the full premium listed above in Q5.

Q8. What are the benefits for each plan option under the EUTF plans for part-time and temporary employees?

Attached is a summary of the benefits for each plan option. You may visit each carrier's website for more detailed information or call their customer call center. See Q15 for their website addresses and customer call center phone numbers.

Q9. Do the EUTF plans for part-time and temporary employees constitute "Minimum Essential Coverage," under the standards set by the federal Affordable Care Act?

Yes. Both plan options under the EUTF plans for part-time and temporary employees qualify as minimum essential coverage under the federal Affordable Care Act.

Q10. Will dental and vision coverage be offered?

No.

Q11. When are the enrollment forms due and when is the coverage effective?

Your enrollment form and payment must be received by HMSA or Kaiser within 30 days of your date of hire. For enrollment forms and payments received by the 10th of the month, coverage will begin the first of the following month. For enrollment forms and payment received after the 10th of the month, coverage will begin the first day of the second following month.

Example: Employee hired June 1st and sends HMSA or Kaiser the enrollment form and payment by June 9th, coverage begins on July 1st. Or, employee hired June 1st and sends HMSA or Kaiser the enrollment form on June 21st, coverage begins on August 1st.

Q12. When will my eligibility for coverage end under the EUTF plan for part-time and temporary employees?

Your eligibility for coverage will end on the last day of the month when either 1) your State or county employment ends or 2) you move into a State or county position that allows you to enroll in one of the EUTF plans for full-time employees. Contact HMSA or Kaiser right away to terminate your coverage when your part-time/temporary employment ends.

Q13. If I am serving an 89-day appointment and I have a one-day break in service and am re-hired into another 89-day appointment by the same employer or another State or county employer, must I terminate my coverage?

No. You must notify your carrier to terminate your coverage when you are no longer working in any State or county part-time or temporary employment. If you are hired into a State or county position that makes you eligible for EUTF's health plans for full-time employees, you must terminate your coverage in the plan for part-time and temporary employees (and you may enroll in one of the EUTF health plans for full-time employees at that time).

Q14. How do I know if I'm eligible to participate in the EUTF medical and prescription drug plans for full-time employees?

Contact your Department Personnel Office. DOE employees should contact the Employee Benefits Unit (DOE-EBU).

Q15. Who do I contact if I have questions about coverage and benefits?

- **HMSA:** Call the customer call center on Oahu at (808) 948-5555 or 1(800) 620-4672 for Neighbor Islands and/or visit their website at: hmsa.com/eutf.
- **Kaiser:** Call the customer call center at (808) 432-5250 or Neighbor Islands at 1(844) 276-6628 and/or visit their website at: kp.org/eutf.

Q16. How do I enroll?

- To enroll in the HMSA 75/25 Plan, contact HMSA for an enrollment application or you may go to hmsa.com/eutf. Once you complete the enrollment application, mail it to HMSA at: HMSA 8 AMS, P.O. Box 860, Honolulu, HI 96808 – be sure to attach the first month's premium to the enrollment application and make the check payable to HMSA.
- To enroll in the Kaiser Plan, visit Kaiser's website at kp.org/eutf. Click on Plans and Services/Part-time and Temporary Employees. Download the enrollment form, complete it and mail it to Kaiser at: Kaiser Permanente Members Administration, P.O. Box 203006, Denver Colorado 80220-9006. At the same time, mail the first month's premium and a copy of the enrollment form to: Kaiser Permanente, P.O. Box 30820, Honolulu, HI 96820-0820.

Q17. How do I pay the monthly premiums?

You will pay your premium directly to HMSA or Kaiser. Instructions for payment of premiums will be included in the enrollment materials that will be sent to you after HMSA or Kaiser receives your enrollment form and first month's premium.

Q18. Can my premium payments be deducted from my paycheck?

No.

Q19. How do I terminate coverage?

- HMSA members can terminate coverage prospectively by sending HMSA a written statement to: HMSA 8 AMS, P. O. Box 860, Honolulu, HI 96808.
- Kaiser members can terminate coverage prospectively by sending Kaiser a written statement to: Kaiser Permanente, Membership Administration, P.O. Box 203006, Denver, CO 80220-9006; or via fax at 1(866) 846-2650.

Q20. If I get a State or county job that makes me eligible for EUTF benefits for full-time employees, and that job starts in the middle of the month, will I get a refund for half a month? Is it the same if the job is with an employer other than the State or counties?

No. Whether you get a State, county or private sector job, both HMSA and Kaiser will terminate this part-time/temporary employee coverage at the end of the month and do not prorate or provide half-month refunds.

Q21. Who can I contact if I have additional questions?

- Contact HMSA and/or Kaiser for more information regarding the benefits of their plans. See Q15 for their contact information.
- Contact your Department Personnel Office regarding eligibility questions. DOE employees contact the DOE-EBU.

HMSA 75/25 Plan

	In-Network	Out-of-Network*
Calendar Year Deductible – Single/Family	\$300/\$900	
Calendar Year Maximum Out-of-Pocket Limit – Single/Family	\$5,000/\$13,200	
Calendar Year Maximum Out-of-Pocket Limit for Prescription Drugs – Single Only	\$1,600 per person	
Lifetime Benefit Maximum	None	None
Physician Services:		
Primary Care or Specialist Office Visit	25% **	40%
Annual Preventive Health Evaluation	No charge**	No charge**
Screening Mammography	No charge**	40% **
Immunizations	No charge**	No charge**
Well Child Care Visits	No charge**	40% **
Maternity	25%	40%
Emergency Services:		
Emergency Room	25%	25%
Ambulance	25%	40%
Inpatient Hospital Services:		
Room and Board	25%	40%
Ancillary Services	25%	40%
Physician Services	25% **	40%
Surgery	25%	40%
Anesthesia	25%	40%
Mental Health Services – Facility Services	25%	40%
Outpatient Services:		
Chemotherapy/Radiation Therapy	25%	40%
Lab & Pathology	25% **	40%
Diagnostic Testing & X-ray	25%	40%
Surgery	25%	40%
Anesthesia	25%	40%
Mental Health Services – Facility Services	25%	40%
Prescription Drugs (30-day supply):		
Generic	\$5**	\$5 + 20% of E.C.**
Preferred Brand	\$15**	\$15 + 20% of E.C.**
Non-Preferred Brand	\$30**	\$30 + 20% of E.C.**
Insulin		
Preferred	\$5**	\$5 + 20% of E.C.**
Non-Preferred	\$15**	\$15 + 20% of E.C.**
Diabetic Supplies		
Preferred	No charge**	No charge**
Non-Preferred	\$15**	\$15**
Specialty Drug	20% of E.C.**; up to \$250	Not covered

E.C. = eligible charges

* If you receive services from an out-of-network provider, you are responsible for the copayment or coinsurance plus any difference between the actual charge and the eligible charge.

** Deductible does not apply.

Kaiser Plan

	HMO Network
Calendar Year Deductible – Single/Family	None
Calendar Year Maximum Out-of-Pocket Limit – Single/Family	\$2,500/\$7,500
Lifetime Benefit Maximum	None
Physician Services: Primary Care or Specialist Office Visit Routine Physical Exams Screening Mammography Immunizations Well Child Care Visits Maternity	\$20 No charge No charge No charge No charge No charge for routine prenatal visits and one postpartum visit; 15% for delivery
Emergency Services: Emergency Room Ambulance	\$100 20%
Inpatient Hospital Services: Room and Board Ancillary Services Physician Services Surgery Anesthesia Mental Health Services – Facility Services	15% 15% 15% 15% 15% 15%
Outpatient Services: Chemotherapy/Radiation Therapy Lab & Pathology Diagnostic Testing & X-ray Surgery Anesthesia Mental Health Services – Facility Services	\$20 for chemotherapy; 20% for radiation therapy \$10 per day for basic; 20% for specialty 20% for testing services \$10 per day for basic radiology; 20% for specialty imaging services 15% for outpatient surgery center services; \$20 for outpatient professional charges \$20 \$20
Prescription Drug (30-day supply): Generic Brand Insulin Generic Brand Diabetic Supplies Specialty Drug	\$5 (tier 1) \$15 (tier 2) \$50 \$15 \$50 50% \$75