

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR

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


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May 2024

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 Offered to Part-time and Temporary Employees

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 Charter Schools) is offering medical and prescription drug plans, administered by HMSA and Kaiser Permanente, 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 don't want to enroll in 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.

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

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

Monthly rates effective 7/1/2024 through 6/30/2025:

HMSA 75/25 PPO Plan including prescription drug:

- Self \$ 1,107.76
- 2-Party \$ 1,883.20
- Family \$ 2,658.62

Kaiser Permanente Standard HMO Plan including prescription drug:

- Self \$ 688.46
- 2-Party \$ 1,376.94
- Family \$ 2,065.40

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

Yes. Other lower cost coverage options may be available through the commercial marketplace (e.g. through HMSA or Kaiser Permanente directly), the federal Health Insurance Marketplace (www.healthcare.gov), Medicare, Medicaid, or other group health plan coverage options (e.g. a spouse's plan).

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. For more detailed information, visit the carrier's website or call their customer call center. See Q20 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 Permanente 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 is hired June 1st and the enrollment form and payment is received by HMSA or Kaiser Permanente on June 9th, coverage begins July 1st. If received on June 11th, coverage begins 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 Permanente 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. 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 Permanente Plan, visit Kaiser Permanente's website at kp.org/eutf. Click on Plans and services/Part-time & Temporary Employee. Download the enrollment form, complete and mail enrollment form to Kaiser Permanente 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.

Q16. How do I pay the monthly premiums?

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

Q17. Can my premium payments be deducted from my paycheck?

No.

Q18. How do I terminate coverage?

- HMSA members can terminate coverage prospectively by calling HMSA Membership at (808) 948-6140 or sending HMSA a written statement to: HMSA 8 AMS, P.O. Box 860, Honolulu, HI 96808.
- Kaiser Permanente members can terminate coverage prospectively by sending a written statement to Kaiser Permanente at: Kaiser Permanente, Membership Administration, P.O. Box 203006, Denver, CO 80220-9006; via fax at 1 (866) 846-2650; or call us at (808) 432-5250.

Q19. 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 Permanente will terminate this part-time/temporary employee coverage at the end of the month and will not prorate or provide half-month refunds.

Q20. Who can I contact if I have additional questions?

- Contact your Department Personnel Office if you have questions regarding eligibility. DOE employees contact the DOE-EBU.
- Contact HMSA and/or Kaiser Permanente for information regarding plan enrollment and/or benefits.
 - **HMSA:** Call the customer call center on Oahu at (808) 948-5555 or toll free at 1 (800) 620-4672 for Neighbor Islands and/or visit their website at: hmsa.com/eutf.
 - **Kaiser Permanente:** Call the customer call center at (808) 432-5250 or Neighbor Islands toll free at 1 (844) 276-6628 and/or visit their website at: kp.org/eutf.

Memorandum to All State and County Part-time and Temporary Employees

May 2024

Subject: Medical and Prescription Drug Plans Offered to Part-time and Temporary Employees

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	HMSA 75/25 PPO Plan	Kaiser Permanente Standard HMO Plan
	In-Network	HMO Network
Calendar Year Deductible	\$300 per person \$900 per family	None
Calendar Year Maximum Out-of-Pocket (CY MOOP)	\$5,000 per person \$10,000 per family	\$2,500 per person \$7,500 per family
Prescription Drug CY MOOP**	\$3,150 per person \$6,300 per family	Applies toward the medical CY MOOP
Medical Services:		
Physician Office Visit	25%	\$20
Online Care	No charge (through hmsaonlinecare.com)	No charge (through kp.org)
Urgent Care Visit	25%	\$20 (in area) 20% (out of area)
Emergency Room	25%*	\$100
Ambulance Air	25%*	20%
Ambulance Ground	25%*	20%
Inpatient Hospital Services	25%*	15%
Outpatient Surgery	25%*	Medical office: \$20 Ambulatory surgery center: 15%
Outpatient Testing, Lab, & X-ray Services	Lab: 25% Diagnostic testing and X-ray: 25%*	Basic lab and imaging: \$20 Specialty lab and imaging: 20% Diagnostic testing: 20%
Annual Preventive Health Evaluation (Physical Exam)	No charge	No charge
Well Child Office Visit	No charge	No charge
Preventive Screening	No charge	No charge
Inpatient Mental Health Services	Facility: 25%* Physician visit: 25%	15%
Outpatient Mental Health Services	Facility: 25%* Physician visit: 25%	\$20
Prescription Drugs:	30-day supply	30-day supply
Generic***	\$5	Tier 1: \$5 Tier 2: \$15
Preferred Brand	\$25	\$50
Non-Preferred Brand	\$50	
Preferred Insulin	\$5	\$15
Other Insulin	\$25	\$50
Preferred Diabetic Supplies	No charge	50%
Other Diabetic Supplies	\$25	50%
Oral Contraceptives	No charge	No charge
Specialty Drugs/Injectables**	30-day supply only	30-day supply only
Specialty CY MOOP	\$2,500 per person	Applies toward the medical CY MOOP
Specialty Generic	10% up to \$200 per fill	\$75
Specialty Preferred Brand	20% up to \$300 per fill	
Specialty Non-Preferred Brand	30% up to \$400 per fill	
Oral Oncology	\$30	No charge

* **HMSA:** Deductible applies.

** **HMSA:** Applicable copayments and caps for specialty medications apply and are counted toward the Prescription Drug CY MOOP.

*** **Kaiser Permanente:** Tier 1 drugs are Generic Maintenance Drugs, which are specific Generic Drugs to treat chronic conditions. Tier 2 drugs are Other Generic Drugs.

**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 (e.g. casual hires, 89-day non-civil service, employees at less than 50% FTE or appointment period less than 90 days, or student 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.

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) _____