



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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April 11, 2013

TO: All State and County Employees

FROM: Sandi Yahiro, Acting Administrator *Sandi Yahiro*

SUBJECT: Open Enrollment and New Health Plans

Aloha, fellow employees! This year's open enrollment starts April 15th and ends May 10th. In case you are unable to attend an open enrollment informational session, I want to make sure you are aware that EUTF is offering two new plans: The HMSA PPO 75/25 plan (that replaces the HMSA High Deductible Plan) and Caremark Prescription Drug plan and the Kaiser *Standard* Plan (that replaces the Kaiser Basic Plan). A brief description of the benefits of each plan is attached (see Attachments 1-3). If you are not able to attend an open enrollment session and would like additional plan design information, please contact HMSA at 948-6499 or 1 (800) 776-4672 or Kaiser at 432-5955 or 1 (800) 966-5955.

Other Important Information

- If you plan to make changes, be sure to fully complete the EC-1/EC-1H Enrollment Form – **MAKE SELECTIONS FOR ALL PLANS – NOT JUST THE PLANS YOU WANT TO CHANGE!!!**
- Employees who are currently enrolled in the HMSA High Deductible Plan will be automatically transferred to the HMSA PPO 75/25 Plan and Caremark Prescription Drug Plan, effective July 1, 2013, if you do not complete an EC-1 to select a different plan. If you are also enrolled in a Health Savings Account (HSA), you may wish to contact your HSA Administrator.
- Employees who are currently enrolled in the Kaiser *Basic* Plan will be automatically transferred to the Kaiser *Standard* Plan, effective July 1, 2013, if you do not complete an EC-1 to select a different plan.
- If you are satisfied with your current plans and do not wish to make changes – **YOU DO NOT NEED TO DO ANYTHING!**
- If you have not yet received the new Reference Guide that describes all of our plans and rates, you can find it on EUTF's website at eutf.hawaii.gov.

If you make a change, your EC-1/EC-1H must be turned into your personnel or designated office by May 10, 2013.

ATTACHMENT 1

HMSA PPO 75/25 Plan

Plan Provisions	75/25 PPO Plan
Annual Copayment Maximum	\$5,000 per person \$15,000 per family
Annual Deductible	\$300 per person Maximum: \$900 per family
Benefit Services	You Pay
Office Visits	\$20
Physical Exams	\$0
Hospital Room and Board	25% (once the deductible is met)*
Surgical Procedures Outpatient Surgery	25% (once the deductible is met)*
Diagnostic Testing	25% (once the deductible is met)*
Outpatient Laboratory	\$0 (once the deductible is met)*
Outpatient X-ray and Other Radiology	25% (once the deductible is met)*
Emergency Room	\$100 (once the deductible is met)*
Ambulance (ground)	25% (once the deductible is met)*

*Annual deductible applies.

This comparison is a condensed explanation of plan benefits. Certain limitations, restrictions, and exclusions may apply. Please refer to the plan Guide to Benefits or certificate, which may be obtained from your employer, for complete information on benefits and provisions. In the case of a discrepancy between this comparison and the Guide to Benefits or certificate, the Guide to Benefits or certificate will take precedence. Cost shares shown are for services received from network providers. Services received from out-of-network providers may be higher.

PPO Prescription Drug Plan – EUTF

COVERAGE	PPO Prescription Drug Plan Caremark	
	Participating Pharmacy	Nonparticipating Pharmacy
RETAIL PRESCRIPTION PROGRAM (30 day supply)		
Generic	\$5 copayment	\$5 + 20% of eligible charges*
Preferred Brand Name	\$15 copayment	\$15 + 20% of eligible charges*
Other Brand Name	\$30 copayment	\$30 + 20% of eligible charges*
Injectables and Specialty Drug	20% of eligible charges; Up to \$250 maximum; \$2,000 out-of-pocket maximum per plan year; \$30 copay oral oncology specialty medications	Not a benefit
Insulin		
Preferred Insulin	\$5 copayment	\$5 + 20% of eligible charges*
Other Insulin	\$15 copayment	\$15 + 20% of eligible charges*
Diabetic Supplies		
Preferred Diabetic Supplies	No copayment	No copayment
Other Diabetic Supplies	\$15 copayment	\$15
MAIL ORDER PRESCRIPTION PROGRAM (90 day supply)		
Generic	\$10 copayment	Not a benefit
Preferred Brand Name	\$35 copayment	Not a benefit
Other Brand Name	\$60 copayment	Not a benefit
Insulin		
Preferred Insulin	\$10 copayment	Not a benefit
Other Insulin	\$35 copayment	Not a benefit
Diabetic Supplies		
Preferred Diabetic Supplies	No copayment	Not a benefit
Other Diabetic Supplies	\$35 copayment	Not a benefit

*Members are responsible for paying the difference between the eligible charges and the actual billed amounts.

ATTACHMENT 3

Kaiser Standard Plan

PLAN PROVISIONS	
Annual deductible: Individual/Family	None
Annual Out-of-Pocket Maximum	\$2,500 (Individual) \$7,500 (Family)
Office Visits (Outpatient) Primary Care Specialty Care Preventive Care Scheduled Prenatal Visits and 1 st Postpartum Visit Outpatient/Ambulatory Surgery	\$20 per visit \$20 per visit No charge \$20 for initial visit to confirm pregnancy \$20 per visit in medical office, 15% of applicable charges in hospital
Lab and X-Ray (Outpatient) Laboratory X-Ray MRI/CT/PET/Nuclear Medicine	\$10/day for basic labs, 20% for specialty labs \$10/day for general radiology, 20% for specialty imaging 20% of applicable charges
Emergency Care Ambulance (Ground or Air) Emergency Room	20% of applicable charges \$100 per visit
Hospital Care (Inpatient) Inpatient Delivery and Inpatient Baby Care	15% of applicable charges 15% of applicable charges
Prescription Drugs Pharmacy/Retail: Generic Maintenance Pharmacy/Retail: Other Generic Pharmacy/Retail: Brand	\$5 per prescription, 30-day supply \$10 per prescription, 30-day supply \$35 per prescription, 30-day supply
Other Skilled Nursing Facility Hospice Care Home Health Care Durable Medical Equipment	15% of applicable charges, limited to 60 days per benefit period No charge No charge 50% of applicable charges, including external and internal prosthetics

*One well-woman office visit or office visit for physical exam per calendar year. Preventive screenings covered at no charge include all services mandated by the Patient Protection and Affordable Care Act. This is a summary of the most frequently asked-about benefits. This charge does not explain all benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations. For a complete explanation, refer to the "Evidence of Coverage".