



Applying For Your Health Insurance Benefits

Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

NEW HIRE/NEWLY ELIGIBLE EMPLOYEE

This guide is designed to provide step-by-step instructions on how to enroll in EUTF health and life insurance benefits. Visit our website to view our New Hire Enrollment Presentation Video at eutf.hawaii.gov/learning-center/lc-active/new-hire.



Step #1: Review Health Plan Options

There are seven medical plan options to choose from. HMSA and Kaiser medical plans include prescription drug and chiropractic coverage. Employees may also enroll in dental and vision plans, as well as 100% employer-paid life insurance. Note: If you have coverage under another non-EUTF plan and do not want to enroll into the EUTF plans when you are newly hired, you may have another opportunity to enroll should you lose your existing coverage or upon the next Active Employee Open Enrollment Period held in April. For more information, please visit the EUTF website at eutf.hawaii.gov and view the Qualifying Events.



Step #2: Calculate Your Monthly Health Plan Cost

Review health plan premiums for the plans you've selected. Employee premium contributions are negotiated through collective bargaining and may vary depending on the bargaining unit you belong to.



Step #3: Complete an EC-1 Enrollment Form

Once you determine which health plans you wish to be enrolled in you will need to complete an EC-1 enrollment form.



Step #4: Submit the EC-1 Form and Supporting Proof Documents

Submit the completed EC-1 form to your departmental human resource office or enrollment designee within 45 days of your new hire date. Supporting proof documents must be submitted within 45 days of your new hire or event date. All required proof documents must be submitted in order to process your health plan enrollment. Forms received after the deadline will be rejected and you will have to wait until the next open enrollment period or experience a mid-year qualifying event to enroll in plans. Once your enrollment is processed, you will receive a Confirmation Notice in the mail indicating the plans you are enrolled into.

IMPORTANT

If you have an urgent need to fill a prescription or go to the doctor prior to receiving your ID card (VSP does not provide an ID card) you should email EUTF at eutf@hawaii.gov. In the email subject line type "URGENT – Confirmation of coverage needed". EUTF checks the email daily and will contact the carrier to rush your enrollment, if you have an immediate need for services.

Contact the EUTF: Website: eutf.hawaii.gov | Phone: 586-7390 (Oahu) 1-800-295-0089 (Toll-free) | Email: eutf@hawaii.gov



Step #1 Review Your Health Plan Options

EUTF Medical Plans

With seven different medical plans to choose from, employees can select a plan that meets their specific needs. Medical plan options include:



EUTF 90/10 PPO Plan
EUTF 80/20 PPO Plan
EUTF 75/25 PPO Plan
EUTF HMO Plan



HMO Comprehensive Plan
HMO Standard Plan



Supplemental Plan
 (Must have non-EUTF medical & drug coverage)

HMSA and Kaiser medical plan options come with prescription drug and chiropractic coverage. Supplemental plan includes medical and prescription drug coverage only. Medical benefit plan comparisons for HMSA, Kaiser and HMA can be found in the EUTF Reference Guide for Your Health Benefits available on our website at eutf.hawaii.gov.

Employees may enroll their spouse or partner (civil union or domestic) and eligible dependent children in health plans. Dependent children may be enrolled in EUTF medical and prescription drug coverage until age 26 regardless of whether they are full-time students or not.

Dental, Vision and Life Insurance Plans



Hawaii Dental Service (HDS)



Vision Service Plan (VSP)



Securian
 (Employee only)

Along with comprehensive medical, prescription drug and chiropractic coverage, EUTF offers dental and vision benefits, and a 100% employer-paid life insurance policy. Dependent children may be enrolled in dental and vision plans until age 19, or until age 24 if the child is unmarried and a full-time student. Only employees are eligible for the 100% employer-paid life insurance.

More information on dependent eligibility may be found in the EUTF Reference Guide for Your Health Benefits available on our website at eutf.hawaii.gov.

For specific health benefit questions, please contact the health carriers directly. Carrier contact information can be found on the last page of this guide.

Contact the EUTF: Website: eutf.hawaii.gov | Phone: 586-7390 (Oahu) 1-800-295-0089 (Toll-free) | Email: eutf@hawaii.gov



Step #2 Calculate Your Monthly Health Plan Cost

How much will these plans cost me?

Calculating your cost for health plans helps determine which plan will work best for your needs. As an active employee, the portion of health coverage cost paid by your employer is negotiated within the collective bargaining process. Health plan premiums, including a premium calculator, may be found on our website at eutf.hawaii.gov. When reviewing the health plan premium table, check the following:

- #1 Effective Date**
Ensure you have the current rate sheet.
- #2 Bargaining Unit (BU)**
Locate your BU. Contact your personnel office if you are not sure which BU you belong to.
- #3 Benefit Plan**
Locate the plan(s) you would like to enroll in.
- #4 Type of Enrollment**
Choose between Self, Two-Party (which includes yourself and either a spouse/partner or dependent child) or Family coverage (which includes yourself and two or more dependents).
- #5 Semi-Monthly or Monthly Employee Contribution**
This will be your semi-monthly (deducted from your paycheck) or monthly cost share for the plans.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU's 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14

EFFECTIVE JULY 1, 2019 **1**

BU's 00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14: ALL EMPLOYERS **2**

BU 05: FOR HAWAII PUBLIC CHARTER SCHOOLS, STATE OF HAWAII HSTA VEBEA EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS OR BU 05 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

3	4	5	Monthly Employee Contribution	Monthly Employer Contribution ^{1,2,3}	Percent Employer	Total
MEDICAL PLANS						
PPO - 90/10 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	193.42	386.84	380.50	49.6%	\$767.34
	Two-Party	470.11	940.22	923.72	49.6%	\$1,863.94
	Family	599.60	1,199.20	1,177.36	49.5%	\$2,376.56
PPO - 80/20 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	126.50	253.00	380.50	60.1%	\$633.50
	Two-Party	307.49	614.98	923.72	60.0%	\$1,538.70
	Family	392.16	784.32	1,177.36	60.0%	\$1,961.68
PPO - 75/25 Plan - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	31.27	62.54	335.82	84.3%	\$398.36
	Two-Party	75.94	151.88	815.44	84.3%	\$967.32
	Family	96.80	193.60	1,039.46	84.3%	\$1,233.06
HMO - HMSA Medical and Chiropractic, CVS Caremark Prescription Drug	Self	246.42	492.84	380.50	43.6%	\$873.34
	Two-Party	598.89	1,197.78	923.72	43.5%	\$2,121.50
	Family	763.90	1,527.80	1,177.36	43.5%	\$2,705.16
HMO - Kaiser Comprehensive Medical, Prescription Drug, and Chiropractic	Self	121.73	243.46	380.50	61.0%	\$623.96
	Two-Party	296.26	592.52	923.72	60.9%	\$1,516.24
	Family	378.47	756.94	1,177.36	60.9%	\$1,934.30
HMO - Kaiser Standard Medical, Prescription Drug and Chiropractic	Self	31.73	63.46	340.68	84.3%	\$404.14
	Two-Party	77.10	154.20	827.88	84.3%	\$982.08
	Family	98.35	196.70	1,056.16	84.3%	\$1,252.86
Supplemental Medical and Prescription Drug - HMA	Self	6.57	13.14	19.70	60.0%	\$32.84
	Two-Party	13.73	27.46	41.16	60.0%	\$68.62
	Family	15.08	30.16	45.22	60.0%	\$75.38
DENTAL PLAN						
HDS Dental	Self	6.93	13.86	20.78	60.0%	\$34.64
	Two-Party	13.86	27.72	41.56	60.0%	\$69.28
	Family	22.79	45.58	68.38	60.0%	\$113.96
VISION PLAN						
VSP Vision	Self	1.18	2.36	3.52	59.9%	\$5.88
	Two-Party	2.18	4.36	6.54	60.0%	\$10.90
	Family	2.85	5.70	8.56	60.0%	\$14.26
LIFE INSURANCE						
Securian Life Insurance	Employee	-	-	4.12	100.0%	\$4.12

¹ Employer contributions are subject to funding by the Legislature/County Councils.
² Bargaining units 1 and 10 contributions are subject to member ratification.
³ Bargaining units 2, 3, 4, 8, 9, 13, and 14 are subject to execution of contract extensions.

4/22/2019



Step #3 Complete an EC-1 Enrollment Form

This section-by-section overview highlights important enrollment information on the EC-1 form and will instruct you how to complete each section. Once you have researched and finalized your health plan selections, you will need to complete the EC-1 form. The EC-1 form is available in the back of the EUTF Reference Guide for Your Health Benefits or as a form-fillable PDF on our website at eutf.hawaii.gov.

SECTION #1 - EMPLOYEE DATA

Complete all applicable fields. Check the box labeled “New Hire/Newly Eligible” and indicate your date of hire (or your newly eligible date) on the line below. Your 9-digit Social Security Number and date of birth are required to process your enrollment form. If you are married or in a civil union or domestic partnership, please provide your spouse/partner’s information.

SECTION #2 - COVERAGE AND CONTRIBUTION START SELECTION

Carefully consider when you would like your health plans and premium deductions to begin and check the appropriate box. You can select one of the following:

- (Option #1) Coverage starts on the date of hire. Premium contributions start 1st day of the pay period in which the date of hire occurs (*If no selection is made, this option will be used*)
- (Option #2) Coverage and Contributions start 1st day of the first pay period following the date of hire
- (Option #3) Coverage and Contributions start 1st day of the 2nd pay period following the date of hire

Option #1

Example: Employee is hired on June 26th and selects Option #1. Health plan coverage starts on June 26th (hire date); however, premium contributions are not pro-rated and will start on the first day of the pay period in which the hire date occurred, which would be June 16th.

JUNE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
Pay period hired date occurs on						
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

SECTION #2 - COVERAGE AND CONTRIBUTION START SELECTION (CONTINUED)

Option #2

Example: Employee is hired on June 26th and selects option #2. Health plan coverage and premium contribution starts on July 1st (first day of the first pay period following the employee's hire date).

JUNE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 Hired Date	27	28	29	30	

JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 Start Date
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Option #3

Example: Employee is hired on June 26th and selects option #3. Health plan coverage and premium contribution starts on July 16th (first day of the second pay period following the employee's hire date).

JUNE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 Hired Date	27	28	29	30	

JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16 Start Date	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SECTION #3 - PLAN SELECTION

Check the box of each plan you wish to enroll in. You may enroll in only one medical/prescription drug plan. A spouse/partner and/or dependent child may enroll in the same plans as the employee, but may not enroll in health plans on their own. Life insurance is 100% employer-paid and is available for the employee only.

Premium Conversion Plan

This benefit for State employees allows employees to have their health plan premiums deducted from their paychecks pre-taxed. Check the box “DO NOT Enroll” or “Enroll”. If you do not select a box, “DO NOT Enroll” will be used. For more information about the Premium Conversion Plan, please contact the Department of Human Resources and Development (DHRD), for State employees. Charter School and County employees will need to contact their respective personnel office for more information on this benefit.

SECTION #4 - DEPENDENT INFORMATION AND PLAN SELECTION

List all eligible dependents you wish to enroll in plans. Complete all line items associated with each dependent. Social Security Number or Individual Tax Identification Number are required for all dependents. If this is your first time enrolling dependents in EUTF plans, please submit the following proof documents.

Enrollment Type	Required Proof Documents
SELF PLANS	No proof documents required
ADDING A SPOUSE/PARTNER	<ul style="list-style-type: none"> † Marriage certificate † Domestic partnership: Notarized Declaration of Domestic Partnership, Affidavit of Dependency & Acknowledgement, and two sets of documents (available at eutf.hawaii.gov)
ADDING A DEPENDENT CHILD	<ul style="list-style-type: none"> † Birth Certificate (required for all newly added child dependents) † Guardianship Decree (if legal guardian) † Adoption Decree (if child is placed for adoption or adopted)
DEPENDENT CHILDREN AGE 19 – 23 WHO ARE FULL-TIME STUDENTS AND ENROLLING IN DENTAL & VISION PLANS	<ul style="list-style-type: none"> † Student Certification Letter (A letter from school’s registrar or verification certificate from the National Clearinghouse. Transcripts are not accepted)

All dependents (age 19-23), who are full-time students and enrolled in the Active Employee dental and vision plans will be required to verify their student enrollment status every year, due prior to their date of birth.

More information about EUTF eligibility criteria can be found in the EUTF Reference Guide available on our website at eutf.hawaii.gov.

SECTION #5 - OTHER INSURANCE INFORMATION

If you or any of your dependents are covered under a non-EUTF health plan, provide the type of plan, name of the plan, subscriber’s name, and name of the dependents enrolled. This helps to ensure that you receive the full benefit of your EUTF and non-EUTF plans by reducing your share of the costs.

SECTION #6 - EMPLOYEE AUTHORIZATION AND SIGNATURE

Read the statement and if you agree, sign and date the form.

Contact the EUTF: Website: eutf.hawaii.gov | Phone: 586-7390 (Oahu) 1-800-295-0089 (Toll-free) | Email: eutf@hawaii.gov



Step #4

Submit the EC-1 and Proof Documents to Your Personnel Office

Submit EC-1 Enrollment Form Within 45 Days

Employees have 45 days from their hire or newly eligible date to submit a completed EC-1 enrollment form to their departmental human resource office, DOE-EBU or enrollment designee.

Submit Required Proof Documents Within 45 Days

Proof documents must be submitted within 45 days from the employee's hire or newly eligible date.

 | \$399.84 | \$940.72 | \$1,199.20 |

 <tr>
 HMSA PPO-8928 Medical, Chiro and CVS Prescription Drug | | | \$253.00 | \$614.98 | \$784.52 |

 <tr>
 HMSA PPO-1928 Medical, Chiro and CVS Prescription Drug | | | \$62.54 | \$151.88 | \$193.60 |

 <tr>
 HMSA HMO Medical, Chiro and CVS Prescription Drug | | | \$452.84 | \$1,192.78 | \$1,527.80 |

 <tr>
 Kaiser HMO Comprehensive Medical, Chiro and Prescription Drug | | | \$243.48 | \$592.52 | \$756.54 |

 <tr>
 Kaiser HMO Standard Medical, Chiro and Prescription Drug | | | \$63.46 | \$154.25 | \$196.70 |

 <tr>
 HMA Supplemental Medical and Prescription Drug | | | \$12.14 | \$27.46 | \$35.16 |

 <tr>
 Hawaii Dental Service | | | \$13.86 | \$27.72 | \$45.58 |

 <tr>
 Vision Select one: | | | | | |

 <tr>
 Hawaii Vision Plan | | | \$2.36 | \$4.36 | \$5.75 |

 <tr>
 Life Select one: | | | | | |

 <tr>
 Securian | | | | | |

 <tr>
 Premium Conversion Plan for State Employees only | | | | | |

 </tbody>
 </table>
 The form also includes fields for Employee Data (Name, Address, Social Security No., etc.) and Coverage Start Date options.

ALL REQUIRED PROOF DOCUMENTS MUST BE SUBMITTED IN ORDER TO PROCESS YOUR HEALTH PLAN ENROLLMENT

DO NOT SUBMIT YOUR EC-1 FORM TO THE EUTF

EC-1 forms must be submitted to your:

- Departmental Human Resource Office
- DOE-EBU, P.O. Box 2360, Honolulu, HI 96804
- Enrollment Designee

Contact the EUTF: Website: eutf.hawaii.gov | Phone: 586-7390 (Oahu) 1-800-295-0089 (Toll-free) | Email: eutf@hawaii.gov

For Questions About...	Please contact...
Hawaii Medical Service Association (HMSA)	www.hmsa.com 1-808-948-6499 (Oahu) or Toll-Free: 1-800-776-4672 (Neighbor Islands)
Kaiser Permanente	www.kp.org/eutf 1-808-432-5250 (Oahu) or Toll-Free: 1-844-276-6628 (Neighbor Islands)
Hawaii-Mainland Administrators (HMA)	www.hma-hi.com/eutf Oahu: 1-808-951-4643 or (Neighbor Island) 1-866-437-1992
CVS Caremark (For HMSA members)	CVS Caremark Prescription Drug Plan www.caremark.com 1-855-801-8263
Hawaii Dental Service (HDS)	www.hawaiidental-service.com 1-808-529-9310 or Toll-Free: 1-866-702-3883
Vision Service Plan (VSP)	www.vsp.com Toll-Free: 1-866-240-8420
Securian	www.LifeBenefits.com/EUTF 1-808-536-9890 or Toll-Free: 1-877-291-8466

Disclaimer

This guide offers a brief overview of EUTF enrollment procedures and eligibility criteria as established under Hawaii Revised Statutes Chapter 87A and the EUTF Administrative Rules. This guide is designed to assist employees with enrollment into EUTF health plan benefits and does not constitute a legal document, contract nor does it supersede policies and procedures established by the EUTF and is subject to change.

About the EUTF

The Hawaii Employer-Union Health Benefits Trust Fund or EUTF provides medical, prescription drug, dental, vision, and life insurance benefits to all eligible State of Hawaii, City and County of Honolulu, Board of Water Supply, County of Hawaii, County of Maui and County of Kauai employees, retirees and their qualified dependents. The EUTF is a State agency administratively attached to the State of Hawaii Department of Budget and Finance and is governed by a ten member, governor-appointed board of trustees who oversees all EUTF activities.

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