

# Open Enrollment FOR RETIREEES

THE HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

2022



This presentation is a brief summary and does not constitute a legal document or contract and is subject to change.



Open Enrollment



Changes for 2022



Making Changes



Medicare



Health and Wellness



Tips on Saving Money

# AGENDA



Open Enrollment



Changes for 2022



Making Changes



Medicare



Health & Wellness



Tips on Saving Money

# AGENDA

## Open Enrollment



# Open Enrollment

Virtual Fair

- Health Plan Enrollment
- Health Plan Benefit
- Premium Information
- Changes for 2022
- Live Webinars
- Informational Videos
- Forms and Documents





**EUTF RETIREE OPEN ENROLLMENT**  
OCTOBER 15-29, 2021

# Welcome to your virtual fair

Click on each of the boxes below to explore the virtual fair.

| Resource Area                      | Virtual Fair Informational Videos |  | Attend a Live Webinar   |
|------------------------------------|-----------------------------------|--|---|
| <a href="#">RESOURCE TOOLS</a>     |                                   |  | <a href="#">Click Here to Join Scheduled Webinar</a><br>                      |
| <a href="#">ENROLLMENT FORM</a>    |                                   |  | <p>View the webinar schedule and select the session you'd like to attend.</p> |
| <a href="#">MONEY SAVING TIPS</a>  |                                   |  |   |
| <a href="#">PREMIUM CALCULATOR</a> |                                   |  | <a href="#">EXIT SURVEY</a>   |



## Open Enrollment

Technology Needed to Attend

Participants will need a computer and internet access to attend. For the best experience, use an up-to-date version of Google Chrome (preferred), Safari, or Firefox from a desktop/laptop.





### Submission Deadline If Making Changes

October 29, 2021

### Election Period

October 15, 2021 – October 29, 2021

During the Election Period retirees can add, cancel or change plans and add or remove dependents. Retirees who wish to make changes must submit an EC-2 or EC-2H enrollment form and any required supporting documents to the EUTF by October 29, 2021. For retirees who do not want to make changes, no action is needed. **Retiree forms and required supporting documents must be post-marked by October 29, 2021.**



**Confirmation Notice**  
Received by end of the year

### Election Period

October 15, 2021 – October 29, 2021

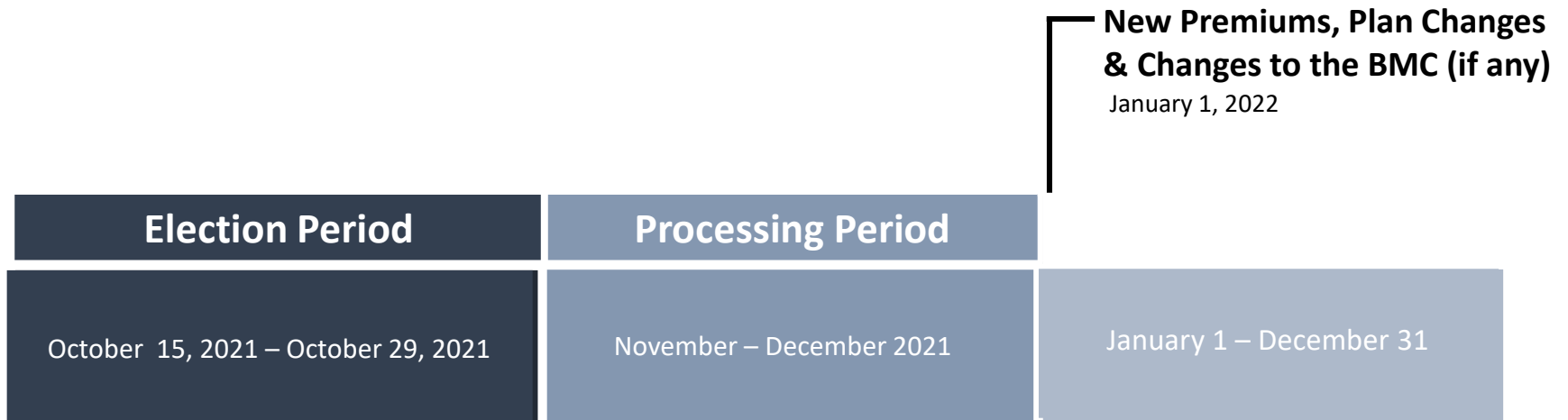
November – December 2021

Enrollment forms received will be processed during the months of November and December. Once the enrollment is processed, a confirmation notice will be mailed to the retiree. If you are not enrolling or making changes during the election period, you will not receive a confirmation notice.



# Open Enrollment

## Important Dates & Deadlines



The New Plan Year for retirees begins January 1, 2022 and continues until the end of year. All changes made during open enrollment will take effect January 1, 2022. Health plan premium changes and changes to the Base Monthly Contribution (BMC) will also take effect January 1<sup>st</sup>.



# Open Enrollment

## Retiree Reference Guide

Mailed to all EUTF retirees



Available on our website  
at [eutf.hawaii.gov](http://eutf.hawaii.gov)



Dependent eligibility criteria



Health plan options



Medicare Part B Direct Deposit  
Agreement Form



2022 Health plan premiums



EC-2/EC-2H  
Enrollment forms





## Open Enrollment

### HSTA VB Retiree Health Plans



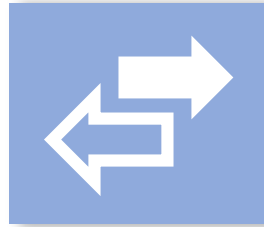
#### Eligibility

Only available to those who are currently enrolled in HSTA VB retiree plans (former VEBA members)



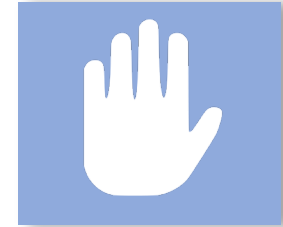
#### Making Changes

HSTA VB members must complete an EC-2H enrollment form if making changes



#### Switching Plans

HSTA VB member can switch to EUTF plans, but cannot switch back to HSTA VB plans



#### No Dual Enrollment

HSTA VB member cannot enroll in both EUTF and HSTA VB plans simultaneously



Open Enrollment



Changes for 2022



Making Changes



Medicare



Health & Wellness



Tips on Saving Money



# Changes for 2022



### **HMSA Plan Changes**

Effective January 1, 2022

Increased the member cost share from \$20 per session to 10% coinsurance in-network, and aligned the eligibility criteria with Medicare (must have had a cardiac event) for Dr. Ornish's Program for Reversing Heart Disease under the EUTF and HSTA VB retiree plans.

Added the Medical Nutrition Therapy benefit at 10% coinsurance in-network and 30% coinsurance out-of-network under the HSTA VB retiree plan.

### **Kaiser Permanente Plan Changes**

Effective January 1, 2022

Removed coverage limitations (treatment episodes per lifetime, days per episode, and physician visits per calendar year) on treatment of chemical dependency in a non-hospital residential facility under the EUTF and HSTA VB Kaiser Permanente Senior Advantage plans.



### **CVS Plan Changes**

**Effective January 1, 2022**

Updated the coordination of benefits for secondary cardholders under the EUTF non-Medicare retiree plan only. Copayment may change depending upon primary coverage.

### **Premium Rate Changes**

**Effective January 1, 2022**

For information about the 2022 monthly premium rates that take effect January 1, 2022, see the Monthly Health Plan Premiums section in the 2022 Retiree Reference Guide, starting on page 26.



Open Enrollment



Changes for 2022



Making Changes



Medicare



Health & Wellness



Tips on Saving Money




# Making Changes



# Making Changes

## EC-2 & EC-2H Enrollment Forms

 Hawaii Employer-Union Health Benefits Trust Fund  
**EC-2 RETIREE HEALTH BENEFITS ENROLLMENT FORM**

*Complete each section thoroughly, please print clearly*

|  |   |  |  |
|--|---|--|--|
| <i>Enrollment Type (check one):</i>        |   |  |  |
| Retirement <input type="checkbox"/>        | Qualifying Event <input type="checkbox"/> | Open Enrollment <input type="checkbox"/> |  |
| Retirement or Qualifying Event Date: _____ |   | Qualifying Event Description: _____      |  |

**I. RETIREE DATA**

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_ Residents Address: \_\_\_\_\_  
City State Zip Code City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Birthdate: / / Gender:  Male  Female

Marriage Date: / / Marital Status: Single  Married  Domestic Partner Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: / /

Note: If you will be adding your spouse or partner to your health plans, you must also indicate this information under the 'Dependent Information' section

**II. COVERAGE START DATE**

Complete this section if filing for adoption/placement for adoption, birth, marriage, domestic partner, guardianship, or newly eligible student.

Coverage starts day of the event & premium contributions start 1<sup>st</sup> day of the pay period in which the effective date of coverage occurs. (If no selection is made, this option will be used.)

Coverage and premium contributions start 1<sup>st</sup> day of the first pay period following event (1<sup>st</sup> or the 16<sup>th</sup> of the month)

Coverage and premium contributions start 1<sup>st</sup> day of the second pay period following event (1<sup>st</sup> or the 16<sup>th</sup> of the month)

**III. PLAN SELECTION**

Make your selection by checking all the boxes of the appropriate benefit plans below. Choose only one box in each type category

| Type                      | Carrier Selection   | Cancel/Waive             | Self                     | 2-party                            | Family                   |
|---------------------------|---|--------------------------|--------------------------|------------------------------------|--------------------------|
| <b>Medical:</b>           | HMSA PPO-80/10 Medical<br>(No Prescription Drug Coverage)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |
| <small>Choose ONE</small> | Kaiser HMO Medical<br>(Includes Kaiser Prescription Drug)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Prescription Drug:</b> | CVS Caremark Prescription Drug<br>(Not a valid selection with Kaiser) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Dental:</b>            | Hawaii Dental Service   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Vision:</b>            | Vision Service Plan   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Life:</b>              | Securian Life Insurance   | <input type="checkbox"/> | <input type="checkbox"/> | <i>Not available to dependents</i> |                          |

EC-2 Rev 7/2019



Submit EC-2/EC-2H during the Election Period:  
October 15, 2021 to October 29, 2021



Forms available on our website  
at [eutf.hawaii.gov](http://eutf.hawaii.gov)



Must submit birth certificates for newly added  
dependent children



Attach required supporting documents  
(Marriage certificates, student verification)



Mail or hand deliver forms to the EUTF



Deadline is October 29, 2021 (Post marked)



# Making Changes

## Completing EC-2 Form

Mark open enrollment

Leave this blank

Complete Retiree Data

Indicate your plan selection and any changes



### Hawaii Employer-Union Health Benefits Trust Fund EC-2 RETIREE HEALTH BENEFITS ENROLLMENT FORM

Clear Form

Complete each section thoroughly, please print clearly

|                              |  |  |   |
|------------------------------|--|--|---|
| Enrollment Type (check one): | Retirement<br><input type="checkbox"/> | Qualifying Event<br><input type="checkbox"/> | Open Enrollment<br><input type="checkbox"/> |
|------------------------------|--|--|---|

|                                      |                               |
|--------------------------------------|-------------------------------|
| Retirement or Qualifying Event Date: | Qualifying Event Description: |
|--------------------------------------|-------------------------------|

#### I. RETIREE DATA

Full Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

City State Zip Code City State Zip Code

Marital Status:  Single  Married  Domestic Partner Gender:  Male  Female Birthdate: \_\_\_\_\_  
 Marriage Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Note: If you will be adding your spouse or partner to your health plans, you must also indicate this information under the "Dependent Information" section

#### II. COVERAGE START DATE

Complete this section if filing for adoption/placement for adoption, birth, marriage, domestic partner, guardianship, or newly eligible student.

- Coverage starts day of the event & premium contributions start 1<sup>st</sup> day of the pay period in which the effective date of coverage occurs. (If no selection is made, this option will be used.)
- Coverage and premium contributions start 1<sup>st</sup> day of the first pay period following event (1<sup>st</sup> or the 16<sup>th</sup> of the month)
- Coverage and premium contributions start 1<sup>st</sup> day of the second pay period following event (1<sup>st</sup> or the 16<sup>th</sup> of the month)

#### III. PLAN SELECTION

Make your selection by checking all the boxes of the appropriate benefit plans below. Choose only one box in each type category.

| Type | Carrier Selection | Cancel/waive | Self | 2-Party | Family |
|------|-------------------|--------------|------|---------|--------|
|------|-------------------|--------------|------|---------|--------|



# Making Changes

## Completing EC-2 Form (side two)

List spouse/partner and dependent children to be added, continued or deleted. SSN/ITIN is required for all dependents.

List any other insurance

Read, sign and date

Medicare Information

Mail or hand deliver forms to the EUTF. All documents should be submitted without staples.

Retiree's Name: \_\_\_\_\_

*State and County Contributions: No person may be enrolled in any EUTF benefit plan as both a retiree/active employee and dependent, nor may children be enrolled by more than one retiree/active employee (dual enrollment). In addition, if you and your spouse/partner are both retirees/active employees, the employer's contribution cannot exceed a family plan contribution in accordance with Chapter 87A-33-36, Hawaii Revised Statutes. However, both retirees/active employees are able to select EUTF Self-only plans.*

**IV. DEPENDENT INFORMATION**

Complete dependent information (including spouse/partner/disabled child) and indicate plan selection if adding/removing dependents.

| Continue                 | Add                      | Delete                   | Last Name, First, Middle Initial | Birth date | SSN | Relationship | Gender | Medical Drug             | Dental Vision            |
|--------------------------|--------------------------|--------------------------|----------------------------------|------------|-----|--------------|--------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |            |     |              |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |            |     |              |        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |            |     |              |        | <input type="checkbox"/> | <input type="checkbox"/> |

If dependents are ages 19 to 24 please submit certification from the school registrar or national clearinghouse indicating they are a full-time student. (Detailed eligibility information is available at eutf.hawaii.gov)

**V. MEDICARE**

Are you and/or any of your dependents eligible for Medicare Part B?  Yes (complete section below)  No

|             |                              |
|-------------|------------------------------|
| Name: _____ | Medicare Claim Number: _____ |
| Name: _____ | Medicare Claim Number: _____ |

State law requires that retirees and their covered dependents enroll in Medicare Part B when they become eligible in order to be enrolled in EUTF/HSTA VB retiree medical and/or prescription drug coverage, HRS Chapter 87A-23(4). Please submit a copy of your Medicare card.

**VI. OTHER INSURANCE INFORMATION**

If you or any of your dependents are covered under another non-EUTF health plan(s), provide data below.

| Type of Plan: (i.e. medical, dental) | Name of the Plan: (i.e. HMSA, Quest) | Subscribers Name(s): |
|--------------------------------------|--------------------------------------|----------------------|
|                                      |                                      |                      |

**VII. RETIREE SIGNATURE**

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand that the benefit elections made on this application are in effect as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I have read the benefit materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans elected.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines.



Open Enrollment



Changes for 2022



Making Changes



Medicare



Health & Wellness



Tips on Saving Money



Medicare



### Mandatory Medicare Part B Enrollment

The Hawaii Revised Statutes 87A-23(4) requires that State and County retirees and their eligible dependents who are enrolled in EUTF retiree medical and/or prescription drug benefits plans, must be enrolled in Medicare Part B when they become eligible. Medicare eligible adult disabled dependents must also be enrolled in Medicare Part B.

### Notification Deadline

Proof of Medicare Part B enrollment must be submitted to the EUTF **within 60 days** of becoming Medicare Part B eligible or enrolling into an EUTF retiree medical and/or prescription drug plans.

### Document Submission

Please submit the following documents to the EUTF:

- Medicare card showing Medicare Part B enrollment
- Medicare Part B Reimbursement Direct Deposit Agreement Form
- Social Security Administration letter and/or invoice for you and/or your Medicare eligible dependent(s) indicating the Medicare Part B Premium amount

### Failure to Provide Proof of Medicare Part B Enrollment

Failure to provide proof of Medicare Part B enrollment will result in you and/or your dependent's disenrollment from the EUTF medical and/or prescription drug plans.



### Contacting Social Security

Medicare enrollment is handled by the Social Security Administration. Please contact Social Security about enrolling into Medicare preferably three months prior to your 65<sup>th</sup> birthday.

- Call 1-800-772-1213
- Enroll online at [www.ssa.gov](http://www.ssa.gov)

### EUTF Courtesy Reminder/disabled dependents

EUTF will mail a courtesy reminder to EUTF retirees and their spouse/partner to enroll in Medicare Part B. "Medicare eligible adult disabled dependents must also be enrolled in Medicare Part B."

### Automatic Medicare Part B Enrollment

If you receive Social Security benefits, Medicare Part B enrollment is automatic, however you should call Medicare if you don't receive notification 3 months prior to your 65<sup>th</sup> birthday. If you are not collecting Social Security you must take the initiative to complete the necessary forms to enroll in Medicare.

### Medicare Enrollment Periods

Medicare enrollment periods are used to determine when and how eligible individuals may enroll in Medicare. Please contact the Social Security Administration for more information on Medicare enrollment periods.



### Reimbursement Eligibility

Medicare Part B premium reimbursement is only available for retirees and their eligible spouse/partner who pay Medicare Part B premiums.

### Reimbursement Effective Date

Quarterly reimbursement will be effective the **later of**:

- Effective date of Medicare Part B coverage
- Retirement date
- 1<sup>st</sup> day of the month EUTF receives a copy of your Medicare card and Direct Deposit Agreement form. Social Security Administration letter or billing invoice is also required to ensure that the member is paying their share of the MED B premium.

### Individuals Ineligible for Reimbursement

There will be no reimbursement for beneficiaries who do not pay a Medicare Part B premium. (e.g. Enrolled in the Medicare Savings Program or Medicaid)

### Penalties & Part D Premiums

EUTF does not reimburse penalties or Medicare Part D premiums.



### Social Security Administration Letter

Please submit a copy of your 2022 SSA letter only if you are paying less or more than the standard reimbursement amount.

### Income-Related Monthly Adjusted Amount

If you are paying a higher income-related monthly adjusted amount (IRMAA), please submit a copy of the SSA letter or invoice to the EUTF annually. EUTF will retro-reimburse up to 2-years from the date EUTF receives IRMAA.

### Please Check Publications for Updates

EUTF updates on Medicare Part B premium reimbursement requirements are communicated via the ERS Holomua Newsletter and EUTF website. Please check publications for updates.



### One Medicare Plan Only

Medicare requires that you are enrolled in only **one** Medicare Advantage Plan or Medicare Part D plan.

### Disenrollment in EUTF Medicare Plans

If in the future you enroll in a non-EUTF Medicare Advantage or Medicare Part D plan, you may be disenrolled from EUTF's Kaiser Senior Advantage Plan, Humana and/or SilverScript Medicare Part D prescription drug plan. For HSTA VB members, you will also be disenrolled from the medical, vision, and chiropractic plans which are bundled with the HSTA VB prescription drug plan.

### EUTF Medicare Plan Options

EUTF Medicare plan options include:

- Medicare Part D prescription drug plan administered by SilverScript (CVS)
- EUTF Kaiser Permanente Senior Advantage Plan
- Humana Medicare Advantage Plan
- HMSA 90/10 PPO Plan



Open Enrollment



Changes for 2022



Making Changes



Medicare



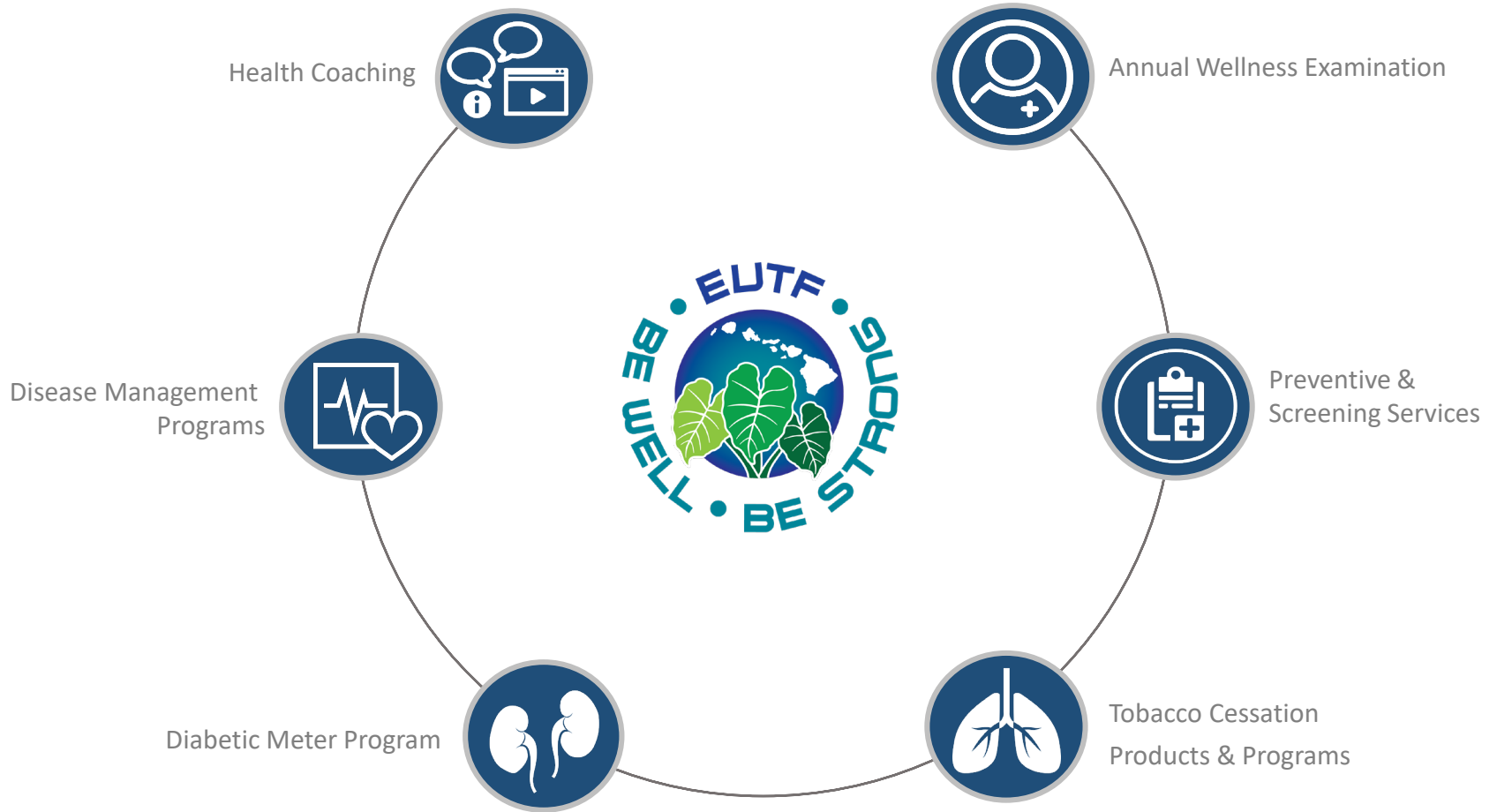
Health & Wellness



Tips on Saving Money



# Health & Wellness





Open Enrollment



Changes for 2022



Making Changes



Medicare



Health & Wellness



Tips on Saving Money



## Tips on Saving Money



## Tips on Saving Money

Help Keep Cost Down



### Generic vs Brand

Generic drugs can represent significant savings. Generic drugs have the same quality and performance as their brand name equivalent and can save you up to 80 percent in your out-of-pocket cost.

Check with your doctor if a generic alternative is available for you.



### Mail Order vs Retail

Mail order can save you time and money if you are on maintenance medication. Mail order allows you to receive a 90-day supply for a 60-day supply copayment.

For more information call CVS at 1-855-801-8263 or Kaiser Permanente at 1-808-643-7979.



### Alternatives to ER visits

ER visits come with substantially higher costs compared to regular doctor's visit, creates congestion in the ER and may increase premium cost shares.

Alternatives to the ER include: Telephonic doctor visit, Office visit with your primary care physician, Chat or email with your doctor online, Minute Clinic or urgent care visit.



### Explanation of Benefits (EOB)

The EOB is not a bill. It simply explains how your benefits were applied to a particular service you received.

Please review your EOB when received and contact your insurance company if you find any discrepancies.

EOB's include the date you received the service, the amount billed, the amount the insurance paid and any balance you're responsible for paying the provider. It also tells you how much has been credited toward any required deductible.

**MAHALO**

