

NEIL ABERCROMBIE  
GOVERNOR



**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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www.eutf.hawaii.gov

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January 31, 2011

**TO:** COBRA Participants of the State and Counties  
**FROM:** Sandi Yahiro, Assistant Administrator *Sandi Yahiro*  
**SUBJECT:** New Health Plan Premium Rates and Open Enrollment for EUTF COBRA Participants

**Note: This information does NOT apply to HSTA VEBA COBRA participants.**

At a recent Board meeting, the Trustees of the Hawaii Employer-Union Health Benefits Trust Fund (EUTF) approved new health plan premium rates. The new premium rates will be effective March 1, 2011.

To provide you with an opportunity to make changes to your health plan enrollments, if you wish to do so, the Trustees also authorized a limited open enrollment period for EUTF COBRA participants. This open enrollment period will be conducted from **February 1, 2011 through February 15, 2011**. Plan changes properly submitted during this open enrollment period will be effective March 1, 2011. Your completed form must be postmarked to EUTF **on or before February 15, 2011**. Please note that if you do **NOT** want to make changes you do NOT need to complete the COBRA Enrollment Form.

Attachment #1 is a chart of the new premium rates, for all BU's and HSTA VEBA Active Employees except BU12 who opt to transfer to EUTF plans, which will be effective March 1, 2011 through June 30, 2011.

Attachment #2 is a chart of the new premium rates, for BU12, which will be effective March 1, 2011 through June 30, 2011.

***What if I want to drop or add a dependent?***

Only dependents that were covered under your "active coverage" may participate in COBRA. You are not allowed to add dependents to COBRA that were not covered when you were an "active" plan participant. You are allowed to drop a plan or dependent at any time during your COBRA continuation period.

COBRA Participants of the State and Counties

January 31, 2011

Subject: New Health Plan Premium Rates and Open Enrollment for EUTF COBRA Participants

***Can I change plans now?***

Yes. Please fill out and submit the EUTF COBRA Election Form dated January 2011.

***If I do not complete a Continuation of Coverage COBRA Election Form during the limited COBRA open enrollment, will my health benefits terminate?***

If you did not make payment directly to the carriers (see page 3) by the first of the month, your coverage will be terminated. If you did make payment by the first of the month, your COBRA health benefits will continue. You do not need to complete a COBRA Election Form to continue your current coverage.

***Will EUTF be conducting any limited open enrollment sessions that we can attend?***

No.

***I want to make a change and if I forget to check any box next to the various choices, what happens?***

EUTF will assume you do not want (waive) that coverage.

***If I do not want to make changes, do I still need to complete a COBRA Enrollment Form?***

No.

***If I want to make a change during the limited open enrollment, where do I send my completed COBRA Form?***

Your completed form must be postmarked to EUTF on or before **February 15, 2011**.

Mail your completed forms to EUTF. Our mailing address is:

Hawaii Employer-Union Health Benefits Trust Fund

ATTN: COBRA

P.O. Box 2121

Honolulu, HI 96815-2121

January 31, 2011

Subject: New Health Plan Premium Rates and Open Enrollment for EUTF COBRA Participants

***If I have questions, who can I contact?***

We suggest you visit the EUTF website at [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov) first to see if the information you need is available there. Click on the following links that may be pertinent:

- New COBRA Guidelines
- Links to Carrier Web Sites

If you still have questions, we prefer you email us your questions at: [eutf@hawaii.gov](mailto:eutf@hawaii.gov). In the subject line type: “URGENT – COBRA, Need Confirmation of Coverage”. EUTF can answer your questions about eligibility, status of your enrollment, required supporting documents, and timing of submission of forms. However, if you have questions related to the **benefits** in any plan, we recommend you contact the applicable insurance carrier. Their contact information is:

- **ChiroPlan:**  
Honolulu (808) 621-4744, Neighbor Islands 1 (800) 414-8445  
711 Kilani Avenue, Suite 3, Wahiawa, HI 96786
- **Hawaii Dental Service (HDS):**  
(808) 529-9310, Toll-free 1 (866) 702-3883  
700 Bishop Street Suite 700, Honolulu, HI 96813
- **Health Management Associates (HMA):**  
(808) 954-8796, Toll-free 1 (866) 826-5335  
1440 Kapiolani Boulevard, Suite 1020, Attn: Enrollment, Honolulu, HI 96814
- **Hawaii Medical Service Association (HMSA):**  
Oahu (808) 948-6499, Toll-free 1 (800) 766-4672  
P.O. Box 860, Attn: Membership Services Dept., Honolulu, HI 96808-0860
- **Kaiser Permanente (Kaiser):**  
(808) 432-5955, Toll-free 1 (800) 966-5955  
711 Kapiolani Boulevard, Honolulu, HI 96813
- **informedRx [billing handled by ARM Ltd.]:**  
Toll-free 1 (866) 533-6977  
ARM Ltd., 171 West Wing Street #210, Arlington Heights, IL 60005
- **Vision Service Plan (VSP):**  
Honolulu (808) 532-1600, Toll-free 1 (800) 522-5162  
P.O. Box 997100, Sacramento, CA 95899