

**TO BE DISTRIBUTED TO
NEW PART-TIME AND
TEMPORARY EMPLOYEES
THROUGHOUT THE YEAR**



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TO: All State and County Part-Time and Temporary Employees
(who are 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: Donna Tonaki, Assistant Administrator 

SUBJECT: Medical and Prescription Drug Plans Offered to Part-Time and Temporary Employees

The State of Hawaii City & County of Honolulu, County of Hawaii, County of Maui, and County of Kauai offer 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?**
You do not need to do anything. 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.

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

Monthly rates effective July 1, 2026 through June 30, 2027:

HMSA Part-Time/Temporary PPO Plan:

- Self \$586.04
- 2-Party \$996.32
- Family \$1,406.52

Kaiser Permanente Part-Time/Temporary HMO Plan:

- Self \$ 653.34
- 2-Party \$ 1,306.68
- Family \$ 1,960.02

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 medical and prescription drug 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 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 do not need to terminate your coverage if you have a one-day break in service. However, 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.

Q14. If I am serving an 89-day appointment and I move into a State or county position that allows you to enroll in EUTF plans for full-time employees, must I terminate my part-time and temporary coverage?

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. You may, then, enroll in one of the EUTF health plans for full-time employees at that time.

Q15. 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).

Q16. How do I enroll?

- To enroll in the HMSA plan, contact HMSA for an enrollment application or you may go to hmsa.com/eutf. Click on Health Plans (on the banner at the top of the page), Part-time & Temporary Employees, and find Plan Application Forms. Complete and mail the application form 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 Active Plans & Benefits (on the banner at the top of the page) and find the enrollment form for part-time and temporary employees. Complete and mail the enrollment form to Kaiser Permanente at: Kaiser Permanente Membership Administration, P.O. Box 23127, San Diego, CA 92193-3127. At the same time, mail the first month's premium and a copy of the enrollment form to: Kaiser Foundation Health Plan, Inc., P.O. Box 7158, Pasadena, CA 91109-7158.

Q17. 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.

Q18. Can my premium payments be deducted from my paycheck?

No.

Q19. 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 23127, San Diego, CA 92193-3127; via fax at 1 (855) 355-5334; or call us at (808) 432-5250.

Q20. 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.

Q21. 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.
 - o **HMSA:** Call the customer call center on Oahu at (808) 948-6499 or toll free at 1 (800) 776-4672 for Neighbor Islands and/or visit their website at: hmsa.com/eutf.
 - o **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.

	HMSA Part-Time/Temporary PPO Plan	Kaiser Permanente Part-Time/ Temporary HMO Plan
	In-Network	HMO Network
Calendar Year Deductible	Medical: \$500 per person \$1,500 per family Prescription Drug: None	Medical: \$500 per person \$1,000 per family Prescription Drug: \$250 per person \$500 per family
Calendar Year Maximum Out-of-Pocket (CY MOOP) ¹	Medical: \$5,000 per person \$10,000 per family Prescription Drug: \$3,150 per person \$6,300 per family	\$5,000 per person \$10,000 per family
MEDICAL		
Preventive Care	No charge	No charge
Physician Office Visit	30%	\$30 Primary Care \$70 Specialty Care
Online Care (through hmsaonlinecare.com or kp.org)	No charge	No charge
Urgent Care Visit	30%	\$30 (in area) 20% (out of area)
Emergency Room	30% ²	\$350 ⁴
Ambulance (air or ground)	30% ²	20%
Inpatient Hospital Services	30% ²	30%
Outpatient Surgery	30% ²	Medical office: \$30 Primary Care \$70 Specialty Care Ambulatory surgery center: 30%
Outpatient Testing, Lab, & X-ray Services	Laboratory: 30% Diagnostic testing and X-ray: 30% ²	Basic lab and imaging: \$40 per day Specialty lab and imaging: \$350 per day ⁴ Diagnostic testing: \$15 per test
Inpatient Mental Health	Facility: 30% ² Physician visit: 30%	30%
Outpatient Mental Health	Facility: 30% ² Physician visit: 30%	\$30
PRESCRIPTION DRUG	30-day supply	30-day supply
Generic	\$25	Tier 1 ³ : \$3 Tier 2: \$10
Preferred Brand	\$50	30% ⁴
Non-Preferred Brand	\$100	
Preferred Insulin	\$25	Brand: 30% ⁴
Other Insulin	\$50	Generic: \$10
Preferred Diabetic Supplies	No charge	50%
Other Diabetic Supplies	\$50	
Oral Contraceptives (up to a 12-month supply)	No charge	No charge

	HMSA Part-Time/Temporary PPO Plan	Kaiser Permanente Part-Time/ Temporary HMO Plan
Specialty Drugs/Injectables (up to a 30-day supply)	Generic: 10% up to \$250 per fill Preferred brand: 20% up to \$500 per fill Non-preferred brand: 30% up to \$500 per fill Oral oncology: \$30	30% ⁴ Oral oncology: Applicable drug copays apply

¹ The calendar year maximum out-of-pocket (CY MOOP) is the most you will pay for covered services in a calendar year. It protects you and your family in the event of a serious condition.

² **HMSA:** Deductible applies.

³ **Kaiser Permanente:** Tier 1 drugs are generic maintenance drugs, which are specific generic drugs to treat chronic conditions. Tier 2 drugs are other generic.

⁴ **Kaiser Permanente:** Deductible applies.