



EUTF Claim Filing Requirements

ATTENTION	<p>The plan year is from July 1, 2019 to June 30, 2020.</p> <p>The filing deadline for dates of service between July 1, 2019 and June 30, 2020 is December 27, 2020 or 180 days after your termination date, whichever is earlier. The plan will not pay any claims received after the filing deadline.</p>
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PLEASE NOTE: Failure to complete the Claim Form or follow the Claim Filing Requirements will result in a delay in processing or denial of your claim.

For Claim Submissions

To expedite the claim submission process, we strongly recommend submitting all claims online.

- 1) Visit www.hma-hi.com/eutf and select the “File a Claim” button.
- 2) Complete all the information requested on the claim form.
- 3) For reimbursement of medical services, please attach your insurance payment reports (e.g., HMSA Report to Member) or Explanation of Benefits statements from your primary health insurance plan. If your primary health insurance plan is with Kaiser Permanente, please attach your copayment receipts.

Please Note: Billing statements and payment receipts from your health care provider will not be accepted.

- 4) For reimbursement of prescription drugs, please attach insurance payment reports or prescription drug receipts from your pharmacy that shows the patient’s name, physician’s name, Rx number, drug name, date of service and amount of copayment.
- 5) For paper claim submissions only, please sign and date the claim form.
Mail or fax a completed claim form and all supporting documents to:

Hawaii-Mainland Administrators
 ATTN: Claims Department
 P.O. Box 135005
 Honolulu, Hawaii 96801-5005
 Fax: (808) 951-4620

Please Note: (Mailing Paper Claims Only) Be sure to submit a photocopy of your claim form and supporting documents. Any documents submitted to HMA for processing are not returned. Additional claim forms can be downloaded online at www.hma-hi.com/eutf.

Schedule of Benefits	
Plan Year	July 1, 2019 through June 30, 2020.
Plan Type	Group Supplemental Health & Pharmacy Plan is a secondary payer.
Plan Year Benefit Maximum	\$2,750 per covered participant Prescription Drug Sublimit: \$250
Prescription Drug Benefit	The maximum reimbursement for prescription drug copayment charges is \$20 per 30-day supply. Reimbursements for prescription drug copayment charges shall not exceed \$250 per plan year per covered participant. Reimbursements for prescription drug copayments count towards the \$2,750 Plan Year Maximum.