



Frequently Asked Questions (FAQ)

1) What are the maximum benefits allowed under the plan?

The plan year maximum benefit is \$2,750 per participant, which includes a \$250 sublimit maximum for prescription drugs.

2) Am I eligible to enroll in this plan if I am NOT covered by a group medical plan?

No, you must have primary medical coverage under a non EUTF group medical plan in order to enroll in this plan.

3) Am I eligible to enroll in this plan if I am an EUTF retiree covered by a non EUTF medical plan?

No. Only active employees that meet all of the eligibility requirements in the EUTF Rules are eligible to enroll into this plan.

4) Am I eligible to enroll in this plan if I am covered by Medicare or Med-Quest?

No, participants with Medicare or Med-QUEST as their primary coverage are not eligible to enroll in this plan.

5) Will I receive an insurance identification card to show my doctor?

No identification card will be issued by HMA. This plan is a supplemental plan so your doctor will not submit anything to HMA (see question 6 below).

6) How do I file a claim online?

You can securely complete your claim online at www.hma-hi.com/eutf. Please attach your primary health insurance payment report (EOB or RTM) or Kaiser EOB and copayment receipt or prescription drug receipt and labels.

7) How do I file a paper claim?

Complete and sign the HMA claim form and attach your primary health insurance payment report (Explanation of Benefits (EOB) or Report to Member (RTM)) or Kaiser EOB and copayment receipt or prescription drug receipt and labels. Claim form and supporting documents can be mailed to Hawaii-Mainland Administrators, Claims Dept., P.O. Box 135005, Honolulu, Hawaii 96801-5005 or faxed to (808) 951-4620.

8) When will I receive my reimbursement?

If your claim includes the required information and supporting documents, you should receive your reimbursement within 10 to 15 business days.

9) How does the prescription drug benefit work?

The plan will reimburse you for each copayment up to a maximum of \$20 per 30-day supply, \$40 per 60-day supply, and \$60 per 90-day supply. The total plan year sublimit for prescription copayments is \$250 per person and counts towards the overall \$2,750 Plan Year Maximum Benefit.

10) Does this plan coordinate benefits with my primary group health plan?

No, this plan does not coordinate benefits with any medical or prescription drug plans.

11) What is the deadline for filing my claim?

Plan Year 2020-2021: The filing deadline for dates of service between July 1, 2020 and June 30, 2021 is December 28, 2021 or 180 days after your termination date, whichever is earlier.

Plan Year 2021-2022: The filing deadline for dates of service between July 1, 2021 and June 30, 2022 is December 27, 2022 or 180 days after your termination date, whichever is earlier.

12) Are copayments for dental, vision and chiropractic services covered?

No, these services are not covered under this supplemental plan.

13) Will HMA update address changes?

No, all address changes must be completed directly with EUTF, who in turn sends us the updated information.

The information contained herein is not intended to replace information contained in the contract for supplemental plan benefits. Should there be any conflict between the documents, the information in the contract shall prevail.