

# Frequently Asked Questions (FAQ)

**EUTF Supplemental Medical & Prescription Drug Plan** 

#### 1) Who is Verdegard Administrators, LLC?

HMA (Hawaii Mainland Administrators) is now known as Verdegard Administrators, LLC. Although we've changed our name, you can still expect the same coverage and local service. This name change will not impact any of your supplemental medical and prescription drug plan benefits.

## 2) 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.

# 3) Am I eligible to enroll in this plan if I am NOT covered by a group health plan?

No, you must have primary medical coverage under a non-EUTF group health plan (other than Medicare or Med-QUEST) in order to enroll in this plan.

# 4) Am I eligible to enroll in this plan if I am an EUTF retiree covered by a non-EUTF group health plan?

No, only active employees who meet all the eligibility requirements in the EUTF Rules are eligible to enroll into this plan.

## 5) Am I eligible to enroll in this plan if I am covered by Medicare or Med-QUEST?

If you have other non-EUTF group medical coverage in addition to Medicare or Med-QUEST, then yes, you are eligible to enroll in this plan. You are not eligible to enroll in this plan if your only non-EUTF coverage is Medicare or Med-QUEST.

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

No, an identification card will not be issued by Verdegard Administrators, LLC. This plan is a supplemental plan so your doctor will not submit any claims to Verdegard Administrators, LLC on your behalf (see question 7 below).

#### 7) How do I file a claim online?

You can securely complete your claim online at **www.verdegard-hi.com/eutf**. Please attach your primary health insurance payment report (e.g., HMSA Report to Member (RTM), Kaiser Permanente Bill of Service statement or Explanation of Benefits (EOB)). If you also have Medicare or Med-QUEST coverage (in addition to your non-EUTF group health plan), please attach your Medicare or Med-QUEST EOB as well. For reimbursement of prescription drugs, please attach your pharmacy payment report or prescription drug receipts and labels from your pharmacy.

#### 8) How do I file a paper claim?

Complete and sign the Verdegard Administrators, LLC claim form and attach your primary health insurance payment report (e.g., HMSA Report to Member (RTM), Kaiser Permanente Bill of Service statement or Explanation of Benefits (EOB)). If you also have Medicare or Med-QUEST coverage, please attach your Medicare or Med-QUEST EOB as well. For reimbursement of prescription drugs, please attach your pharmacy payment report or prescription drug receipts and labels from your pharmacy. Claim form and supporting documents can be mailed to Verdegard Administrators, LLC, Claims Dept., P.O. Box 135005, Honolulu, Hawaii 96801-5005 or faxed to (808) 951-4620.

#### 9) 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.

**Phone:** (808) 951-4643 | **Toll-Free:** (866) 437-1992 | **Fax:** (808) 951-4620 FAQ\_V1\_03072024 Page 1



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# 10) 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 toward the overall \$2,750 Plan Year Maximum Benefit.

#### 11) 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.

# 12) What is the deadline for filing my claim?

<u>Plan Year 2023-2024:</u> The filing deadline for dates of service between July 1, 2023, and June 30, 2024, is December 27, 2024, or 180 days after your termination date, whichever is earlier.

<u>Plan Year 2024-2025:</u> The filing deadline for dates of service between July 1, 2024, and June 30, 2025, is December 27, 2025, or 180 days after your termination date, whichever is earlier.

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

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

#### 14) Will Verdegard Administrators, LLC update address changes?

No, please notify your personnel office of any address changes, and Verdegard Administrators, LLC will receive the updated information from EUTF.

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.

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