



# EUTF BENEFITS

## Supplemental Medical & Prescription Drug Plan

EUTF Active Employees Only



Formerly Known as HMA

Plan Year **2024-2025**

## Plan Advantages

For EUTF active employees with primary coverage under a separate non-EUTF group health plan (other than Medicare or Med-QUEST)

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### Participants Not Eligible:

- ❌ Retirees
- ❌ HSTA VB Members

## Low-Cost Plan

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**REIMBURSES MEMBERS FOR**

**Copayments & Coinsurances**

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**LOW PREMIUM FOR**

**Supplemental Medical & Drug**

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**THIS PLAN HELPS LIMIT**

**Out-of-Pocket Costs**

**COVERED MEDICAL SERVICES INCLUDE:**

- ✓ Preventive
- ✓ Physician
- ✓ Hospital & Facility
- ✓ Labs & Testing

# Plan Benefits

**Overall Benefit Maximum:**

**\$2,750** (Per Participant Per Plan Year)

**Prescription Drug Sublimit Maximum:**

**\$250** (For Prescription Drug Copayments)

**Rx Sublimit Maximum**

**Applied to the Overall  
Benefit Maximum**

**Rx Copay Reimbursement**

**Up to \$20** (Per 30-Day Supply)

For a full list of covered expenses  
and plan exclusions, please visit:

[www.verdegard-hi.com/EUTF](http://www.verdegard-hi.com/EUTF)



Coordinate Benefits



Issue ID Cards



Pre-Authorizations

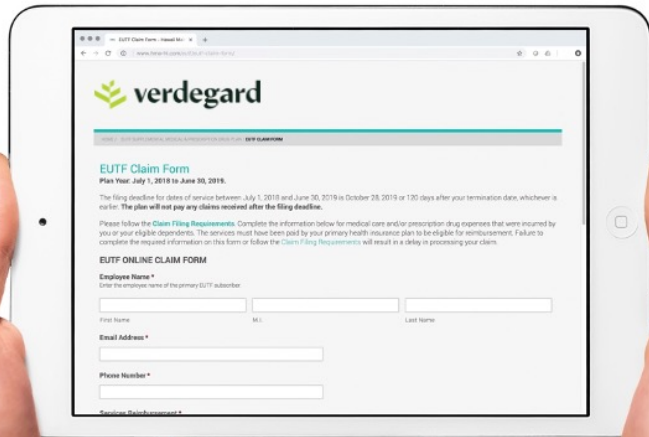


EUTF Supplemental Medical  
& Prescription Drug Plan

# Filing a Claim

We recommend submitting all claims online.

[www.verdegard-hi.com/EUTF](http://www.verdegard-hi.com/EUTF)



## MEDICAL CLAIMS:

- ✓ Insurance Payment Reports
- ✓ Explanation of Benefits (EOB)

## Rx CLAIMS:

- ✓ Pharmacy Payment Reports
- ✓ Prescription Drug Receipts
- ✓ Labels from Pharmacy

**Verdegard Administrators, LLC**  
Attn: Claims Department  
PO Box 135005, Honolulu, HI 96801

**Fax: (808) 951- 4620**

# Reimbursement Of Claims

**ALL COVERED SERVICES MUST FIRST BE**

**PAID BY PRIMARY MEDICAL  
AND PRESCRIPTION DRUG PLAN**

Deductibles and non-covered benefits, or amounts in excess of any benefit limit under your primary group health plan, are excluded.

## REIMBURSEMENT CHECKS

- ✓ Made payable to covered participant receiving services
- ✓ For minors under age 18, reimbursement will be paid to the Verdegard plan subscriber

**Authorization for  
Release of PHI Form**

Available online at [verdegard-hi.com/EUTF](https://verdegard-hi.com/EUTF)

# Contact Verdegard

## Verdegard Administrators

1440 Kapiolani Boulevard, Suite 1000  
Honolulu, Hawaii 96814

**Oahu: (808) 951-4643**

**Toll-Free: (866) 437-1992**

**Fax: (808) 951-4620**

## Hours:

Monday-Friday 7:30 a.m.-7:00 p.m. HST  
Saturday 9:00 a.m.-1:00 p.m. HST

Walk-in hours: Monday-Friday  
7:30 a.m.-5:00 p.m. HST



Formerly Known as HMA

**Verdegard (formerly HMA) is proud to continue servicing the EUTF Supplemental Medical & Prescription Drug Plan**

Plan information and other important documents for the EUTF Supplemental Medical & Prescription Drug plan are available online at:

[www.verdegard-hi.com/EUTF](http://www.verdegard-hi.com/EUTF)