### A BILL FOR AN ACT

RELATING TO THE HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND.

### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 87A-33, Hawaii Revised Statutes, is 2 amended to read as follows: 3 "§87A-33 State and county contributions; retired 4 employees. (a) Notwithstanding any law to the contrary, this 5 section shall apply to state and county contributions to the 6 fund for: 7 (1) The dependent-beneficiary of an employee who is killed 8 in the performance of duty; 9 A dependent-beneficiary, upon the death of the (2) 10 employee-beneficiary, except as provided in section 11 87A-36; 12 (3) An employee-beneficiary who retired after June 30, 13 1984, due to a disability falling within sections 88-14 79 and 88-285; 15 An employee-beneficiary who retired before July 1, (4) 16 1984; **17** (5) An employee-beneficiary who:

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1		(A)	Was hired before July 1, 1996;
2		(B)	Retired after June 30, 1984; and
3		(C)	Who has ten years or more of credited service,
4			excluding sick leave;
5	(6)	An e	employee-beneficiary who:
6		(A)	Was hired after June 30, 1996; and
7		(B)	Retired with twenty-five or more years of
8			credited service, excluding sick leave, except as
9			provided in section 87A-36; and
10	(7)	Empl	oyees who retired prior to 1961 and their
11		depe	ndent-beneficiaries.
12	(b)	Effe	ctive July 1, 2003, there is established a base
13	monthly c	ontri	bution for health benefit plans that the State,
14	through the department of budget and finance, and the counties,		
15	through t	heir	respective departments of finance, shall pay to
16	the fund,	up t	o the following:
17	(1)	\$218	for each employee-beneficiary enrolled in
18		supp	lemental medicare self plans;
19	(2)	\$671	for each employee-beneficiary enrolled in
20		supp	lemental medicare family plans;
21	(3)	\$342	for each employee-beneficiary enrolled in non-
22		medi	care self plans; and

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1 \$928 for each employee-beneficiary enrolled in non-2 medicare family plans. 3 The monthly contribution by the State or county shall not exceed the actual cost of the health benefits plan or plans. 4 5 both husband and wife are employee-beneficiaries, the total 6 contribution by the State or county shall not exceed the monthly 7 contribution for a supplemental medicare family or non-medicare 8 family plan, as appropriate. 9 (c) Effective July 1, 2004, there is established a base 10 monthly contribution for health benefit plans that the State, 11 through the department of budget and finance, and the counties, 12 through their respective departments of finance, shall pay to the fund, up to the following: 13 14 (1) \$254 for each employee-beneficiary enrolled in 15 supplemental medicare self plans; 16 (2) \$787 for each employee-beneficiary enrolled in **17** supplemental medicare family plans; 18 (3) \$412 for each employee-beneficiary enrolled in non-19 medicare self plans; and \$1,089 for each employee-beneficiary enrolled in non-20 (4)medicare family plans. 21

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2 exceed the actual cost of the health benefit plan or plans and 3 shall not be required to cover increased benefits above those 4 initially contracted for by the fund for plan year 2004-5 If both husband and wife are employee-beneficiaries, the 6 total contribution by the State or county shall not exceed the 7 monthly contribution for a supplemental medicare family or non-8 medicare family plan, as appropriate. 9 (d) The base composite monthly contribution shall be **10** adjusted annually, beginning July 1, 2005. The adjusted base 11 composite monthly contribution for each new plan year (July 1 12 until June 30) shall be calculated by increasing or decreasing 13 the base composite monthly contribution in effect through the 14 end of the previous plan year by the percentage increase or 15 decrease in the medicare part B premium rate for those years, 16 which percentage shall be calculated by dividing the medicare **17** part B premium rate in effect at the beginning of the new plan 18 year by the rate in effect at the beginning of the previous plan 19 year. 20 For the plan year beginning July 1, 2005, the adjusted base 21 monthly contribution shall be computed using the actual 22 contracted premium rate as of July 1, 2004, for medicare and

The monthly contribution by the State or county shall not

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1 non-medicare, self and family health benefits plans with the 2 highest actual contracted premium rate as of July 1, 2004. As used in this subsection, "medicare part B premium rate" 3 4 means the rate published in the Federal Register each year on 5 November 1 or on the business day closest to November 1 of each 6 year after the medicare part B premium rate has been established 7 by the Secretary of Health and Human Services and approved by 8 the United States Congress. 9 (e) The base composite monthly contribution shall be 10 adjusted annually, beginning January 1, 2012. The adjusted base 11 composite monthly contribution for each new plan year (January 1 **12** until December 31) shall be calculated by increasing or 13 decreasing the base composite monthly contribution in effect 14 through the end of the previous plan year by the percentage 15 increase or decrease in the medicare part B premium rate for 16 those years, which percentage shall be calculated by dividing 17 the medicare part B premium rate in effect at the beginning of 18 the new plan year by the rate in effect at the beginning of the 19 previous plan year. 20 For the plan year beginning January 1, 2013, the adjusted 21 base monthly contribution shall be computed using the base

composite monthly contribution as of July 1, 2012.

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1	As used in this subsection, "medicare part B premium rate"			
2	means the rate published in the Federal Register each year on			
3	November 1 or on the business day closest to November 1 of each			
4	year after the medicare part B premium rate has been established			
5	by the United States Secretary of Health and Human Services and			
6	approved by the United States Congress.			
7	[ <del>(e)</del> ] <u>(f)</u> If the board adopts a rate structure that			
8	provides for other than self and family rates for the health			
9	benefit plans, the base monthly contribution for the rate			
10	structure adopted by the board shall be adjusted to provide the			
11	equivalent underwriting cost as the base monthly contribution			
12	that is provided for in this section."			
13	SECTION 2. New statutory material is underscored.			
14	Statutory material to be repealed is bracketed and stricken.			
15	SECTION 3. This Act shall take effect upon its approval.			
16	Parallia Company			
17	INTRODUCED BY: Cabia XX Suy			
18	BY REQUEST			
19	IAN 2 3 2012			

# H.B. NO. 2492

#### Report Title:

Hawaii Employer-Union Health Benefits Trust Fund

#### Description:

Changes the date that the base monthly contribution is annually adjusted from July 1 of each year to January 1 of each year.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

#### JUSTIFICATION SHEET

DEPARTMENT: Department of Budget and Finance

TITLE: A BILL FOR AN ACT RELATING TO THE HAWAII

EMPLOYER-UNION HEALTH BENEFITS TRUST FUND.

PURPOSE: To change the date that the base monthly

contribution is annually adjusted from July 1 of each year to January 1 of each

year.

MEANS: Amend section 87A-33, Hawaii Revised

Statutes.

JUSTIFICATION: Currently, the Base Monthly Contribution

(BMC) is adjusted annually, every July 1, based on federal medicare part B rate adjustments. However, medicare part B adjustments are determined annually and are effective every January 1. Additionally, the Employer-Union Health Benefits Trust Fund ("EUTF") retiree plan year is January 1 to December 31. Changing the adjustment of the BMC from July 1 each year to January 1 each year will sync up EUTF's retiree plan year and BMC adjustment date with the federal medicare part B adjustment date. By

syncing up the dates, there will be only one rate change each year on January 1 (total premium rate change, medicare part B rate change, and BMC rate change), instead of two rate changes, January 1 (medicare part B rate change and total premium rate change) and July 1 (BMC change). Having only one

rate change per year, instead of two, will be administratively more efficient for the EUTF and, more importantly, less confusing

for the retirees.

Impact on the public: This will benefit state and county retirees because they will only have to cope with one annual adjustment rather than the two that they have now.

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Impact on the department and other agencies:
As mentioned above, this will benefit EUTF
operations and make them more efficient
because EUTF will have to make only one
adjustment annually instead of two, thus
lightening the workload, and will reduce the
likelihood of errors because only one

adjustment needs to be made.

GENERAL FUND:

To be determined.

OTHER FUNDS:

None.

PPBS PROGRAM

DESIGNATION:

BUF 143.

OTHER AFFECTED

AGENCIES:

State and Counties.

EFFECTIVE DATE:

Upon approval.