

**ATTACHMENT #1  
NEW COBRA HEALTH PLAN MONTHLY RATES  
EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total COBRA Premium</b>
<b><i>MEDICAL PLANS</i></b>		
HMSA PPO 80/20 Medical Drug	Self	\$261.39
	Family	\$834.67
HMSA PPO 90/10 Medical & Drug Plan	Self	\$405.84
	Family	\$1,223.80
Kaiser Medical & Drug Plan	Self	\$326.20
	Family	\$978.59
HMSA Supplemental Supplemental Medical, Drug & Vision Plan	Self	\$239.51
	Family	\$720.26
<b><i>DENTAL PLAN</i></b>		
Primary HDS Dental Plan	Self	\$29.84
	Family	\$89.51
HDS Supplemental Dental Plan	Self	\$15.81
	Family	\$45.71
<b><i>VISION PLAN</i></b>		
VSP Vision	Self	\$6.09
	Family	\$14.34
<b><i>CHIROPRACTIC</i></b>		
RSN Chiropractic	Self	\$1.02
	Family	\$2.45

Note: Information provided by ATPA.

**ATTACHMENT #2 (1 of 2)**  
**COBRA RETIREES MONTHLY HEALTH BENEFIT PLAN RATES**  
**EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total COBRA Premium</b>
<b><i>MEDICAL PLANS: NON-MEDICARE</i></b>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$414.54
	Family	\$1,197.77
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$333.02
	Family	\$994.71
<b><i>MEDICAL PLANS: WITH MEDICARE</i></b>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$344.26
	Family	\$879.43
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$251.87
	2 Medicare	\$506.22
	1 Medicare & 1 Non-Medicare	\$751.26
	Family	\$751.26
<b><i>DENTAL – ALL RETIREES</i></b>		
HDS Dental Plan	Single	\$35.70
	Two-Party	\$73.08
	Family	\$73.08
<b><i>VISION &amp; CHIROPRACTIC – ALL RETIREES</i></b>		
VSP Vision & ChiroPlan	Self	\$6.82
	Two-Party	\$16.13
	Family	\$16.13

Note: Information provided by ATPA.

**ATTACHMENT #2 (2 of 2)**  
**COBRA RETIREES MONTHLY HEALTH BENEFIT PLAN RATES**  
**RETIREES TRANSFERRED JANUARY 1, 2007 FROM EUTF**  
**EFFECTIVE JANUARY 1, 2011 – JUNE 30, 2011**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total COBRA Premium</b>
<b><i>MEDICAL PLANS: NON-MEDICARE</i></b>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$552.85
	Two-Party	\$1,149.35
	Family	\$1,668.08
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$333.02
	Two-Party	\$994.71
	Family	\$994.71
<b><i>MEDICAL PLANS: WITH MEDICARE</i></b>		
HMSA Medical & Drug VSP Vision and ChiroPlan	Self	\$416.74
	Two-Party	\$823.11
	Family	\$1,095.08
Kaiser Medical & Drug VSP Vision and ChiroPlan	Self	\$251.87
	Two-Party	\$506.22
	Family	\$751.26
<b><i>DENTAL – ALL RETIREES</i></b>		
HDS Dental Plan	Single	\$35.70
	Two-Party	\$73.08
	Family	\$73.08
<b><i>VISION &amp; CHIROPRACTIC – ALL RETIREES</i></b>		
VSP Vision & ChiroPlan	Self	\$6.82
	Two-Party	\$16.13
	Family	\$16.13

Note: Information provided by ATPA.

**ATTACHMENT #3 (1 of 2)**  
**OPEN ENROLLMENT INFORMATION SESSION SCHEDULE**

<b>Date</b>	<b>Location</b>	<b>Time</b>
Thursday January 6, 2011	Maui Community College Kalama 103 <b>(Maui)</b>	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Thursday January 6, 2011	Leeward Community College GT 105 <b>(Oahu)</b>	8:30 – 10:30 11:00 – 12:30 3:00 – 4:15
Friday January 7, 2011	U.H. Kuykendall Auditorium <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Monday January 10, 2011	Mitchell Pauole Community Center <b>(Molokai)</b>	2:30 – 3:30 3:45 – 4:30
Tuesday January 11, 2011	Kapolei Hale Conference Rm A & B <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Wednesday January 12, 2011	State Capitol Auditorium <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Wednesday January 12, 2011	Yano Hall <b>(Kona – Captain Cook)</b> Natural Energy Laboratory <b>(Kona – Kailua)</b>	10:00 – 11:00 11:30 – 12:30 3:00 – 4:15
Thursday January 13, 2011	Aunt Sally's Luau Hale <b>(Hilo)</b>	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Tuesday January 18, 2011	Mission Memorial Auditorium <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Tuesday January 18, 2011	Kauai War Memorial Convention Center <b>(Kauai)</b>	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Wednesday January 19, 2011	Kauai War Memorial Convention Center <b>(Kauai)</b>	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Wednesday January 19, 2011	Mission Memorial Auditorium <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15
Thursday January 20, 2011	Wailuku Community Center <b>(Maui)</b>	10:00 – 11:30 1:00 – 2:30 3:00 – 4:15
Friday January 21, 2011	Windward Community College Akoakoa 105 <b>(Oahu)</b>	8:30 – 10:00 10:30 – 12:00 3:00 – 4:15

**ATTACHMENT #3 (2 of 2)  
LOCATION ADDRESSES**

**Oahu**

**Leeward Community College, GT105**

96-045 Alaika Street  
Pearl City, HI 96782

**Kapolei Hale, Conference Rm A & B**

1000 Uluohia Street  
Kapolei, HI 96707

**Mission Memorial Auditorium**

City Hall Annex  
550 S. King Street  
Honolulu, HI 96813

**U.H. Kuykendall Auditorium**

2445 Campus Road  
Honolulu, HI 96822

**State Capitol Auditorium**

415 S. Beretania Street  
Honolulu, HI 96813

**Windward Community College, Akoakoa 105**

45-720 Keaahala Road  
Kanohe, HI 96744

**Neighbor Island**

**Maui – Kahului**

Maui Community College, Kalama 102  
310 Ka’ahumanu Avenue  
Kahului, HI 96732

**Molokai - Kaunakakai**

Mitchell Pauole Community Center  
90 Inoa Street  
Kaunakakai, HI 96748

**Hawaii – Kona (Captain Cook)**

Yano Hall  
86-6156 Mamalahoa Highway  
Captain Cook, HI 96750

**Hawaii – Hilo**

Aunt Sally’s Luau Hale  
799 Piilani Street  
Hilo, HI 96720

**Maui – Wailuku**

Wailuku Community Center  
395 Waea Place  
Wailuku, HI 96793

**Kauai – Lihue**

Kauai War Memorial Convention Center  
4191 Hardy Street  
Lihue, HI 96766

**Hawaii – Kona (Kailua)**

Natural Energy Laboratory  
73-4460 Queen Ka’ahumanu Highway  
Kailua-Kona, HI 96740

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
 COBRA ACTIVE EMPLOYEES  
 BU12  
 EFFECTIVE MARCH 1, 2011**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total COBRA Premium</b>
<b>MEDICAL PLANS</b>		
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$285.79
	Two-Party	\$714.59
	Family	\$926.39
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$276.52
	Two-Party	\$691.33
	Family	\$896.24
EUTF Prescription Drug (informedRx)	Self	\$48.90
	Two-Party	\$122.26
	Family	\$158.63
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$379.40
	Two-Party	\$948.89
	Family	\$1,230.32
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$317.94
	Two-Party	\$794.00
	Family	\$1,028.32
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$268.74
	Two-Party	\$671.03
	Family	\$868.92
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	\$198.35
	Two-Party	\$498.51
	Family	\$653.51
Royal State Supplemental (eff 1/1/2011) Prescription Drug RSN Chiropractic	Self	\$41.58
	Two-Party	\$103.22
	Family	\$114.73
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$267.96
	Two-Party	\$671.61
	Family	\$872.90
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$32.64
	Two-Party	\$65.24
	Family	\$107.51
<b>VISION PLAN</b>		
VSP Vision	Self	\$6.10
	Two-Party	\$11.28
	Family	\$14.74

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
 COBRA ACTIVE EMPLOYEES  
 ALL BU'S EXCEPT BU12  
 HSTA VEBA ACTIVE EMPLOYEES WHO OPT TO TRANSFER TO EUTF PLANS (BU05,45)  
 BU 05, 45 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011**

**EFFECTIVE MARCH 1, 2011**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Total COBRA Premium</b>
<b>MEDICAL PLANS</b>		
<b>EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic</b>	Self	\$320.42
	Two-Party	\$777.79
	Family	\$991.91
<b>EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic</b>	Self	\$310.00
	Two-Party	\$752.47
	Family	\$959.62
<b>EUTF Prescription Drug (informedRx)</b>	Self	\$72.23
	Two-Party	\$175.40
	Family	\$223.93
<b>EUTF HMO (HMSA) Prescription Drug RSN Chiropractic</b>	Self	\$434.66
	Two-Party	\$1,055.19
	Family	\$1,345.93
<b>Kaiser Comprehensive Prescription Drug RSN Chiropractic</b>	Self	\$386.04
	Two-Party	\$937.33
	Family	\$1,195.11
<b>Kaiser Basic Prescription Drug RSN Chiropractic</b>	Self	\$326.19
	Two-Party	\$791.96
	Family	\$1,009.68
<b>EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic</b>	Self	\$229.38
	Two-Party	\$556.98
	Family	\$710.39
<b>Royal State Supplemental (eff 1/1/2011) Prescription Drug RSN Chiropractic</b>	Self	\$41.58
	Two-Party	\$103.22
	Family	\$114.73
<b>EUTF High Deductible Health Plan (HMSA) Prescription Drug</b>	Self	\$294.42
	Two-Party	\$715.53
	Family	\$913.20
<b>DENTAL PLAN</b>		
<b>HDS Dental</b>	Self	\$32.64
	Two-Party	\$65.24
	Family	\$107.51
<b>VISION PLAN</b>		
<b>VSP Vision</b>	Self	\$6.10
	Two-Party	\$11.28
	Family	\$14.74