HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

HMO PLAN RECOMMENDATIONS

		Proposed Benefits	
	Current Benefits	Active Employees and Non-Medicare Retirees	Medicare Retirees
Annual Deductible	None	None	None
Family Deductible	None	None	None
Hospital Deductible Per Day	None	None	None
Lifetime Maximum Benefit	No Limit	No Limit	No Limit
Co-Pay Maximum Annual	$1,000	$1,000	$1,000
Family Maximum	$3,000	$3,000	$3,000
Office Visits	$8	$10	$10
Well Baby Care	$8	$10	$10
Immunizations	No Charge	No Charge	No Charge
Hospital	No Charge	No Charge	No Charge
X-Ray & Lab Inpatient	No Charge	No Charge	No Charge
Surgery	No Charge	No Charge	No Charge
Emergency Room	$25/20% non-par	$25/20% non-par	$25 Worldwide
Out-Patient Surgery Centers	$8	$10	$10
Mental Health/Substance Abuse			
Inpatient Days Per Year	30	30	30
MH Copayment	No Charge	No Charge	No Charge

Garner Consulting

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

PPO PLAN RECOMMENDATIONS

	Current Benefits					Proposed Benefits		
	Base Benefits		Major Medical Plan Benefits			PPO		Dual Coverage Plan
	Preferred	Non-Preferred	Preferred	Non-Preferred		Preferred	Non-Preferred	
Annual Deductible	None		$250			None	$100	$2,000
Family Deductible	None		$1,000			None	$300	$6,000
Hospital Deductible Per Confinement	None		None			None	$200	None
Lifetime Maximum Benefit	None		$250,000*			$2,000,000		$500,000
Co-Pay Maximum Annual	$2,500 plus ineligible charges combined under Base and Major Medical Plans					$1,500		None
Family Co-Pay Annual Maximum	No Family Maximum under combined Base and Major Medical Plans					$4,500		None
Office Visits	20%	30%	20%	30%		10%	30%	20%
Well Baby Care	20%	30%	20%	30%		No Charge	30%	20%
Immunizations	20%	30%	20%	30%		No Charge	No Charge	No Charge
Hospital	0%	30%	N/A	30%		10%	30%	20%
X-Ray & Lab Inpatient	None	30%	N/A	30%		10%	30%	20%
Surgery	None	30%	N/A	30%		10%	30%	20%
Emergency Room	20%	30%	20%	30%		10%	30%	20%
Out-Patient Surgery Centers	None	30%	N/A	30%		10%	30%	20%
Mental Health								
Inpatient Days Per Year	30	30	30	30		30	30	30
Copayment	20%	30%	20%	30%		10%	30%	20%
Physicians	20%	30%	20%	30%		10%	30%	20%

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

PRESCRIPTION DRUG RECOMMENDATIONS

	CURRENT BENEFITS		PROPOSED BENEFITS		
	HMSA	**Kaiser**	**Bundled with PPO**	**Bundled with Dual Coverage Plan**	**Bundled with HMO**
Retail					
Supply	30 Days	30 Days	30 Days	30 Days	30 Days
	Co-pays	**Co-pays**	**Co-pays**	**Benefit Up To**	**Co-pays**
Generic	$5	$10	$5	$15	$10
Brand	$15	$10	$15	$15	$10
Other Brand	$30	$10	$30	$15	$10
Mail Order					
Supply	90 Days	90 Days	90 Days	90 Days	90 Days
	Co-pays	**Co-pays**	**Co-pays**	**Benefit Up To**	**Co-pays**
Generic	$10	$15	$10	$30	$20
Brand	$35	$15	$35	$30	$20
Other Brand	$60	$15	$60	$30	$20

Garner Consulting

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DENTAL PLAN RECOMMENDATIONS

		Proposed Benefits		
	Current Benefits	Active Employees	Dual Coverage Plan	Retirees
Diagnostic				
Two exams per calendar year	100%	100%	50%	100%
Bitewing x-rays	100%	100%	50%	100%
Other x-rays	100%	100%	50%	100%
Preventive				
Cleaning	100%	100%	50%	100%
Child fluoride	60%	100%	50%	100%
Child space maintainers	60%	100%	50%	100%
Child Sealants	100%	100%	50%	100%
Restorative				
Fillings - Amalgam	60%	80%	40%	60%
Fillings - Resin	60%	80%	40%	60%
Crowns	60%	60%*	30%	60%
Endodontics				
Root Canal	60%	80%	40%	60%
Periodontics				
Periodontal scaling	60%	80%	40%	60%
Prosthodontics				
Dentures	60%	60%*	30%	60%
Implants	60%	60%*	30%	60%
Oral Surgery				
Extractions, Impacted Teeth	60%	80%	40%	60%
Orthodontics				
Benefit Percentage	N/A	50%	N/A	N/A
Lifetime Maximum	N/A	$1,000	N/A	N/A
Calendar Year Benefit Maximum	$1,000	$2,000**	$800	$1,000**
Calendar Year Deductible	N/A	$25/Person***	N/A	N/A

*12-month waiting period for enrollees after 7/1/2003

**Prorated by 50% for 7/1 – 12/31/2003 period

***Waived for diagnostic services and preventive services covered at 100%.

March 18, 2003

Garner Consulting

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

VISION PLAN RECOMMENDATIONS

	CURRENT & PROPOSED BENEFITS		PROPOSED DUAL COVERAGE VISION
	Network	*Non-Network*	
Eye Exam			
Every 12 Months	$10 Copay	Up to $40 Benefit	Up to $10 Benefit
Materials			
Lenses Every 12 Months	$25 Copay	N/A	N/A
Single Vision	No Charge	Up to $40	N/A
Bifocals	No Charge	Up to $60	N/A
Trifocals	No Charge	Up to $60	N/A
Lenticular	No Charge	Up to $60	N/A
UV Coating	No Charge	Not Covered	Not Covered
Materials (Lenses and/or frames)	N/A	N/A	$75 per year
Frames			
Every 24 Months	No Charge	Up to $40	N/A
Contacts			
Every 12 Months			
Elective	$100 Allowance	Up to $100	N/A
Medically Necessary	No Charge	Up to $210	N/A

N/A = Not Applicable

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

CHIROPRACTIC PLAN RECOMMENDATIONS

	CURRENT BENEFITS HGEA & UPW ONLY	PROPOSED BENEFITS
Maximum # of Office Visits Per Year	20	20
Office Visit Copay	$15.00	$15.00
Adjunctive Therapy*	No Charge	No Charge
X-Ray	No Charge	No Charge
Lab	Not Covered	Not Covered
Chiropractic Appliances -	Not Covered	Not Covered
Emergency/Urgent Care -		
Out-of-Network	Not Covered	Not Covered
Alternative Medical Services**	Not Covered	Not Covered

* Adjunctive Therapy Includes: Ultrasound, Ice Packs, Heat Packs, Electrical Muscle Stimulation and other approved therapies.

** Alternative Medical Services Includes: Hypnotherapy, Acupuncture, Behavior Training, Sleep Therapy, etc.

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

LIFE INSURANCE

	CURRENT BENEFITS	PROPOSED BENEFITS
Active Employees		
Under Age 65	$25,000	$26,000
Age 65 – 69	$16,250	$16,900
Age 70 – 74	$11,250	$11,700
Age 75 – 79	$7,500	$7,800
Age 80 and Over	$5,000	$5,200
All Retirees	$1,800	$1,900