

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

HMO PLAN FOR RETIREES

	Current Benefits	*KP NEW BENEFITS	
		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

*Kaiser Permanente

Approved by the EUTF Board of Trustees on March 13, 2003

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

PPO PLAN FOR RETIREES

	Current Benefits				New Benefits	
	Base Benefits		Major Medical Plan Benefits		HMSA PPO	
	Preferred	Non-Preferred	Preferred	Non-Preferred	Preferred	Non-Preferred
Annual Deductible	None		\$250		None	\$100
Family Deductible	None		\$1,000		None	\$300
Hospital Deductible Per Confinement	None		None		None	\$200
Lifetime Maximum Benefit	None		\$250,000*		\$1,000,000	
Co-Pay Maximum Annual	\$2,500 plus ineligible charges combined under Base and Major Medical Plans				\$2,500	
Family Co-Pay Annual Maximum	No Family Maximum under combined Base and Major Medical Plans				\$7,500	
Office Visits	20%	30%	20%	30%	10%	30%
Well Baby Care	20%	30%	20%	30%	No Charge	30%
Immunizations	20%	30%	20%	30%	No Charge	No Charge
Hospital	0%	30%	N/A	30%	10%	30%
X-Ray & Lab Inpatient	None	30%	N/A	30%	10%	30%
Surgery	None	30%	N/A	30%	10%	30%
Emergency Room	20%	30%	20%	30%	10%	30%
Out-Patient Surgery Centers	None	30%	N/A	30%	10%	30%
Mental Health						
Inpatient Days Per Year	30	30	30	30	30	30
Copayment	20%	30%	20%	30%	10%	30%
Physicians	20%	30%	20%	30%	10%	30%

*HMSA – Hawaii Medical Service Association

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND PRESCRIPTION DRUG FOR RETIREES

	CURRENT BENEFITS		NEW BENEFITS	
	HMSA	Kaiser	Bundled with *HMSA PPO	Bundled with +KP HMO
Retail				
Supply	30 Days	30 Days	30 Days	30 Days
	Co-pays	Co-pays	Co-pays	Co-pays
Generic	\$5	\$10	\$5	\$10
Brand	\$15	\$10	\$15	\$10
Other Brand	\$30	\$10	\$30	\$10
Mail Order				
Supply	90 Days	90 Days	90 Days	90 Days
	Co-pays	Co-pays	Co-pays	Co-pays
Generic	\$10	\$15	\$10	\$20
Brand	\$35	\$15	\$35	\$20
Other Brand	\$60	\$15	\$60	\$20

*Hawaii Medical Service Association

+Kaiser Permanente

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND DENTAL PLAN FOR RETIREES

	Current Benefits	HDS New Benefits
Diagnostic		
Two exams per calendar year	0%	0%
Bitewing x-rays	0%	0%
Other x-rays	0%	0%
Preventive		
Cleaning	0%	0%
Child fluoride	40%	0%
Child space maintainers	40%	0%
Child Sealants	0%	0%
Restorative		
Fillings - Amalgam	40%	40%
Fillings - Resin	40%	40%
Crowns	40%	40%
Endodontics		
Root Canal	40%	40%
Periodontics		
Periodontal scaling	40%	40%
Prosthodontics		
Dentures	40%	40%
Implants	40%	40%
Oral Surgery		
Extractions, Impacted Teeth	40%	40%
Calendar Year Benefit Maximum	\$1,000	\$1,000*
Calendar Year Deductible	None	None

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

+Hawaii Dental Service

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

VISION PLAN FOR RETIREES

	CURRENT AND VSP NEW BENEFITS	
	<i>Network</i>	<i>Non-Network</i>
Eye Exam		
Every 12 Months	\$10 Copay	Up to \$40 Benefit
Materials		
Lenses Every 12 Months	\$25 Copay	N/A
Single Vision	No Charge	Up to \$40
Bifocals	No Charge	Up to \$60
Trifocals	No Charge	Up to \$60
Lenticular	No Charge	Up to \$60
UV Coating	No Charge	Not Covered
Materials (Lenses and/or frames)	N/A	N/A
Frames		
Every 24 Months	No Charge	Up to \$40
Contacts		
Every 12 Months		
Elective	\$100 Allowance	Up to \$100
Medically Necessary	No Charge	Up to \$210

N/A = Not Applicable

*VSP – Vision Service Plan

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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

LIFE INSURANCE PLAN FOR ACTIVES/RETIREES

	CURRENT BENEFITS	*AIC NEW BENEFITS
<i>Active Employees</i>		
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
<i>All Retirees</i>	\$1,800	\$1,900

*Aetna Insurance Company

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