HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES

EFFECTIVE JANUARY 1, 2012:
FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS, & STATE - BU'S 01, 02, 03, 04, 06, 07, 08, 13
HSTA VEBA EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS - BU'S 05, 45
BU'S 05, 45 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Total
MEDICAL PLANS					
HMSA 90/10 PPO RSN Chiropractic	Self	$86.26	$172.52	$172.52	$345.04
	Two-Party	$209.06	$418.12	$418.12	$836.24
	Family	$266.67	$533.34	$533.34	$1,066.68
HMSA 80/20 PPO RSN Chiropractic	Self	$82.35	$164.70	$164.70	$329.40
	Two-Party	$199.57	$399.14	$399.14	$798.28
	Family	$254.57	$509.14	$509.14	$1,018.28
Prescription Drug - PPO Plans	Self	$15.35	$30.70	$30.70	$61.40
	Two-Party	$37.26	$74.52	$74.52	$149.04
	Family	$47.54	$95.08	$95.08	$190.16
HMSA HMO Prescription Drug RSN Chiropractic	Self	$113.19	$226.38	$226.38	$452.76
	Two-Party	$274.45	$548.90	$548.90	$1,097.80
	Family	$350.07	$700.14	$700.14	$1,400.28
HMSA High Deductible Health Plan Prescription Drug	Self	$85.60	$171.20	$171.20	$342.40
	Two-Party	$207.55	$415.10	$415.10	$830.20
	Family	$264.95	$529.90	$529.90	$1,059.80
Kaiser Basic Prescription Drug RSN Chiropractic	Self	$94.86	$189.72	$189.72	$379.44
	Two-Party	$230.13	$460.26	$460.26	$920.52
	Family	$293.70	$587.40	$587.40	$1,174.80
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	$108.70	$217.40	$217.40	$434.80
	Two-Party	$263.77	$527.54	$527.54	$1,055.08
	Family	$336.62	$673.24	$673.24	$1,346.48
HMSA Supplemental Prescription Drug RSN Chiropractic	Self	$52.26	$104.52	$104.52	$209.04
	Two-Party	$126.53	$253.06	$253.06	$506.12
	Family	$161.45	$322.90	$322.90	$645.80
Royal State National Supplemental Prescription Drug RSN Chiropractic	Self	$10.86	$21.72	$21.72	$43.44
	Two-Party	$26.70	$53.40	$53.40	$106.80
	Family	$30.18	$60.36	$60.36	$120.72
DENTAL PLAN					
HDS Dental	Self	$7.29	$14.58	$14.58	$29.16
	Two-Party	$14.58	$29.16	$29.16	$58.32
	Family	$23.96	$47.92	$47.92	$95.84
VISION PLAN					
VSP Vision	Self	$1.51	$3.02	$3.02	$6.04
	Two-Party	$2.79	$5.58	$5.58	$11.16
	Family	$3.65	$7.30	$7.30	$14.60
LIFE INSURANCE					
Royal State National Life Insurance	Employee	$0.00	$0.00	$4.16	$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES

EFFECTIVE JANUARY 1, 2012:
FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS, & STATE - BU'S 09, 10, 11

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	*Monthly Employer Contribution	Total
MEDICAL PLANS					
HMSA 90/10 PPO RSN Chiropractic	Self	$77.85	$155.70	$189.34	$345.04
	Two-Party	$188.46	$376.92	$459.32	$836.24
	Family	$240.29	$480.58	$586.10	$1,066.68
HMSA 80/20 PPO RSN Chiropractic	Self	$70.03	$140.06	$189.34	$329.40
	Two-Party	$169.48	$338.96	$459.32	$798.28
	Family	$216.09	$432.18	$586.10	$1,018.28
Prescription Drug - PPO Plans	Self	$9.33	$18.66	$42.74	$61.40
	Two-Party	$22.68	$45.36	$103.68	$149.04
	Family	$28.84	$57.68	$132.48	$190.16
HMSA HMO Prescription Drug RSN Chiropractic	Self	$110.34	$220.68	$232.08	$452.76
	Two-Party	$267.40	$534.80	$563.00	$1,097.80
	Family	$340.85	$681.70	$718.58	$1,400.28
HMSA High Deductible Health Plan Prescription Drug	Self	$55.16	$110.32	$232.08	$342.40
	Two-Party	$133.60	$267.20	$563.00	$830.20
	Family	$170.61	$341.22	$718.58	$1,059.80
Kaiser Basic Prescription Drug RSN Chiropractic	Self	$73.68	$147.36	$232.08	$379.44
	Two-Party	$178.76	$357.52	$563.00	$920.52
	Family	$228.11	$456.22	$718.58	$1,174.80
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	$101.36	$202.72	$232.08	$434.80
	Two-Party	$246.04	$492.08	$563.00	$1,055.08
	Family	$313.95	$627.90	$718.58	$1,346.48
HMSA Supplemental Prescription Drug RSN Chiropractic	Self	$36.51	$73.02	$136.02	$209.04
	Two-Party	$88.09	$176.18	$329.94	$506.12
	Family	$112.28	$224.56	$421.24	$645.80
Royal State National Supplemental Prescription Drug RSN Chiropractic	Self	$8.12	$16.24	$27.20	$43.44
	Two-Party	$20.15	$40.30	$66.50	$106.80
	Family	$22.40	$44.80	$75.92	$120.72
DENTAL PLAN					
HDS Dental	Self	$4.83	$9.66	$19.50	$29.16
	Two-Party	$9.64	$19.28	$39.04	$58.32
	Family	$7.54	$15.08	$80.76	$95.84
VISION PLAN					
VSP Vision	Self	$1.20	$2.40	$3.64	$6.04
	Two-Party	$2.20	$4.40	$6.76	$11.16
	Family	$2.88	$5.76	$8.84	$14.60
LIFE INSURANCE					
Royal State National Life Insurance	Employee	$0.00	$0.00	$4.16	$4.16

*Effective July 1, 2011 Until Agreement is Reached

12/20/11