

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
FOR ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA  
BU 05  
EMPLOYER/EMPLOYEE CONTRIBUTIONS  
EFFECTIVE JULY 1, 2014**

| Benefit Plan   | Type of Enrollment | Semi-Monthly Employee Contribution | Monthly Employee Contribution | Monthly Employer Contribution | Percent Employer | Total      |
|--|--------------------|------------------------------------|-------------------------------|-------------------------------|------------------|------------|
| <b>MEDICAL PLANS</b>   |                    |                                    |                               |                               |                  |            |
| HSTA VB HMSA 90/10 PPO<br>Prescription Drug, RSN Chiropractic,<br>VSP Vision       | Self               | \$132.69                           | \$265.38                      | \$270.36                      | 50.5%            | \$535.74   |
|  | Two-Party          | \$321.14                           | \$642.28                      | \$653.80                      | 50.4%            | \$1,296.08 |
|  | Family             | \$409.49                           | \$818.98                      | \$833.50                      | 50.4%            | \$1,652.48 |
| HSTA VB HMSA 80/20 PPO<br>Prescription Drug, RSN Chiropractic,<br>VSP Vision       | Self               | \$53.05                            | \$106.10                      | \$270.36                      | 71.8%            | \$376.46   |
|  | Two-Party          | \$127.88                           | \$255.76                      | \$653.80                      | 71.9%            | \$909.56   |
|  | Family             | \$163.01                           | \$326.02                      | \$833.50                      | 71.9%            | \$1,159.52 |
| HSTA VB Kaiser Comprehensive<br>Prescription Drug, RSN Chiropractic,<br>VSP Vision | Self               | \$78.74                            | \$157.48                      | \$270.36                      | 63.2%            | \$427.84   |
|  | Two-Party          | \$190.74                           | \$381.48                      | \$653.80                      | 63.2%            | \$1,035.28 |
|  | Family             | \$243.50                           | \$487.00                      | \$833.50                      | 63.1%            | \$1,320.50 |
| <b>DENTAL PLAN</b>   |                    |                                    |                               |                               |                  |            |
| HSTA VB HDS Dental   | Self               | \$6.42                             | \$12.84                       | \$19.24                       | 60.0%            | \$32.08    |
|  | Two-Party          | \$12.83                            | \$25.66                       | \$38.50                       | 60.0%            | \$64.16    |
|  | Family             | \$21.11                            | \$42.22                       | \$63.34                       | 60.0%            | \$105.56   |
| HSTA VB HDS Supplemental Dental  | Self               | \$3.49                             | \$6.98                        | \$10.46                       | 60.0%            | \$17.44    |
|  | Two-Party          | \$6.99                             | \$13.98                       | \$20.94                       | 60.0%            | \$34.92    |
|  | Family             | \$10.47                            | \$20.94                       | \$31.42                       | 60.0%            | \$52.36    |
| <b>VISION PLAN</b>   |                    |                                    |                               |                               |                  |            |
| HSTA VB VSP Vision   | Self               | \$1.28                             | \$2.56                        | \$3.84                        | 60.0%            | \$6.40     |
|  | Two-Party          | \$2.37                             | \$4.74                        | \$7.08                        | 59.9%            | \$11.82    |
|  | Family             | \$3.09                             | \$6.18                        | \$9.26                        | 60.0%            | \$15.44    |
| <b>LIFE INSURANCE</b>  |                    |                                    |                               |                               |                  |            |
| HSTA VB Royal State Life Insurance   | Employee           | \$0.00                             | \$0.00                        | \$4.12                        | 100.0%           | \$4.12     |

| STATE OF HAWAII<br>Semi-Monthly Premium Deduction Amounts on Employee Pay Checks |   |  |  |
|--|---|--|--|
| Medical Deductions/<br>Reductions/<br>Type Code =<br>MR or MD                    | Prescription Drug Deductions/<br>Reductions/<br>Type Code =<br>PR or PD | Vision Deductions/<br>Reductions/<br>Type Code =<br>VR or VC | Dental Deductions/<br>Reductions/<br>Type Code =<br>DR or DD |
|  |   |  |  |
| \$115.91   | \$15.50   | \$1.28   |  |
| \$281.12   | \$37.65   | \$2.37   |  |
| \$358.43   | \$47.97   | \$3.09   |  |
| \$36.27  | \$15.50   | \$1.28   |  |
| \$87.86  | \$37.65   | \$2.37   |  |
| \$111.95   | \$47.97   | \$3.09   |  |
| \$77.46  |   | \$1.28   |  |
| \$188.37   |   | \$2.37   |  |
| \$240.41   |   | \$3.09   |  |
|  |   |  |  |
|  |   |  | \$6.42   |
|  |   |  | \$12.83  |
|  |   |  | \$21.11  |
|  |   |  | \$3.49   |
|  |   |  | \$6.99   |
|  |   |  | \$10.47  |
|  |   |  |  |
|  |   | \$1.28   |  |
|  |   | \$2.37   |  |
|  |   | \$3.09   |  |
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