

**EUTF Monthly Retiree Rates**  
**Effective January 1, 2016 through December 31, 2016**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Premium</b>	<b>Admin Fee</b>	<b>Total Contribution Required<sup>1</sup></b>
<b><i>MEDICAL PLANS - MEDICARE</i></b>				
HMSA PPO Medicare	Self	\$211.74	\$0.00	\$211.74
	Two-Party	\$412.60	\$0.00	\$412.60
	Family	\$611.64	\$0.00	\$611.64
UnitedHealthcare (UHC) Medicare Advantage PPO	Self	\$53.06	\$0.00	\$53.06
	Two-Party (both Medicare)	\$106.12	\$0.00	\$106.12
Medicare Prescription Drug	Self	\$205.20	\$0.00	\$205.20
	Two-Party	\$399.58	\$0.00	\$399.58
	Family	\$592.44	\$0.00	\$592.44
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$418.92	\$0.00	\$418.92
	Two-Party	\$817.12	\$0.00	\$817.12
	Family	\$1,211.14	\$0.00	\$1,211.14
<b><i>MEDICAL PLANS – NON-MEDICARE</i></b>				
HMSA PPO Non-Medicare	Self	\$469.86	\$0.00	\$469.86
	Two-Party	\$915.60	\$0.00	\$915.60
	Family	\$1,357.32	\$0.00	\$1,357.32
Non-Medicare Prescription Drug	Self	\$198.10	\$0.00	\$198.10
	Two-Party	\$385.84	\$0.00	\$385.84
	Family	\$572.06	\$0.00	\$572.06
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$688.18	\$0.00	\$688.18
	Two-Party	\$1,393.02	\$0.00	\$1,393.02
	Family	\$2,056.52	\$0.00	\$2,056.52
<b><i>DENTAL PLAN</i></b>				
HDS Dental - Retiree	Self	\$36.06	\$0.00	\$36.06
	Two-Party	\$70.32	\$0.00	\$70.32
	Family	\$86.14	\$0.00	\$86.14
<b><i>VISION PLAN</i></b>				
VSP Vision - Retiree	Self	\$5.48	\$0.00	\$5.48
	Two-Party	\$10.96	\$0.00	\$10.96
	Family	\$14.70	\$0.00	\$14.70
<b><i>LIFE INSURANCE</i></b>				
US Able Life Insurance (Retiree only)	Self	\$4.12	\$0.00	\$4.12

<sup>1</sup> These rates do not include an administrative fee which may be added, ranging from: \$3.76 to \$11.22.

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**P.O. BOX 2121**  
**HONOLULU, HI 96805**  
**EUTF RETIREES**  
**JANUARY 1, 2016**

	Monthly Premium	Monthly Premium	Monthly Premium
	HMSA	Kaiser	UHC
<b>1A</b> <b>MEDICAL/PRESCRIPTION DRUG</b>			
A. Non-Medicare - Self	<input type="checkbox"/> \$667.96	<input type="checkbox"/> \$688.18	
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,301.44	<input type="checkbox"/> \$1,393.02	
C. Non-Medicare - Family	<input type="checkbox"/> \$1,929.38	<input type="checkbox"/> \$2,056.52	
D. Medicare - Self	<input type="checkbox"/> \$416.94	<input type="checkbox"/> \$418.92	<input type="checkbox"/> \$258.26
E. Medicare - 2-Party	<input type="checkbox"/> \$812.18	<input type="checkbox"/> \$817.12	<input type="checkbox"/> \$505.70
F. Medicare - Family	<input type="checkbox"/> \$1,204.08	<input type="checkbox"/> \$1,211.14	

If you want medical and prescription drug, select one plan and enter premium amount (go to line 2)  
 If you want medical only, go to line 1B; If you want prescription drug only, go to line 1C

**1A** \$ \_\_\_\_\_

	HMSA	UHC
<b>1B</b> <b>MEDICAL ONLY</b>		
A. Non-Medicare - Self	<input type="checkbox"/> \$469.86	
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$915.60	
C. Non-Medicare - Family	<input type="checkbox"/> \$1,357.32	
D. Medicare - Self	<input type="checkbox"/> \$211.74	<input type="checkbox"/> \$53.06
E. Medicare - 2-Party	<input type="checkbox"/> \$412.60	<input type="checkbox"/> \$106.12
F. Medicare - Family	<input type="checkbox"/> \$611.64	

Select one plan and enter premium amount  
 If you selected a plan in 1A, do not complete this section

**1B** \$ \_\_\_\_\_

<b>1C</b> <b>PRESCRIPTION DRUG ONLY</b>	
A. Non-Medicare - Self	<input type="checkbox"/> \$198.10
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$385.84
C. Non-Medicare - Family	<input type="checkbox"/> \$572.06
D. Medicare - Self	<input type="checkbox"/> \$205.20
E. Medicare - 2-Party	<input type="checkbox"/> \$399.58
F. Medicare - Family	<input type="checkbox"/> \$592.44

Select one plan and enter premium amount  
 If you selected a plan in 1A, do not complete this section

**1C** \$ \_\_\_\_\_

	HDS
<b>2</b> <b>DENTAL</b>	
Non Medicare/Medicare	
Self	<input type="checkbox"/> \$36.06
2-Party	<input type="checkbox"/> \$70.32
Family	<input type="checkbox"/> \$86.14

Select one plan and enter premium amount

**2** \$ \_\_\_\_\_

	VSP
<b>3</b> <b>VISION</b>	
Non Medicare/Medicare	
Self	<input type="checkbox"/> \$5.48
2-Party	<input type="checkbox"/> \$10.96
Family	<input type="checkbox"/> \$14.70

Select one plan and enter premium amount

**3** \$ \_\_\_\_\_

**4** Add lines 1A or 1B and 1C, 2, 3 (Medical, Prescription Drug, Dental, Vision) **4** \$ \_\_\_\_\_

**2016 Employer Contribution Amounts Not Available at Press Time**  
**Go to [eutf.hawaii.gov](http://eutf.hawaii.gov) in December for the 2016 Amounts**

	0%	50%	75%	100%
<b>5</b> <b>EMPLOYER CONTRIBUTION</b>				
A. Non Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Non Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check your medical selection on line 1A or 1B. (For example, if you selected 1AA, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

**5** \$ \_\_\_\_\_

**6** Line 4 minus line 5, enter the AMOUNT YOU OWE monthly **6** \$ \_\_\_\_\_

**Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF and mail to P.O. Box 30700, Honolulu, HI 96820-0700.**

**HSTA VB Monthly Retiree Rates**  
**Effective January 1, 2016 through December 31, 2016**

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Premium</b>	<b>Admin Fee</b>	<b>Total Contribution Required<sup>1</sup></b>
<b><i>MEDICAL PLANS - MEDICARE</i></b>				
HSTA VB Retiree - HMSA PPO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$419.62	\$0.00	\$419.62
	Two-Party	\$817.88	\$0.00	\$817.88
	Family	\$1,209.74	\$0.00	\$1,209.74
HSTA VB Retiree - Kaiser HMO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$432.46	\$0.00	\$432.46
	Two-Party	\$843.96	\$0.00	\$843.96
	Family	\$1,248.16	\$0.00	\$1,248.16
<b><i>MEDICAL PLANS - NON-MEDICARE</i></b>				
HSTA VB Retiree - HMSA PPO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$682.96	\$0.00	\$682.96
	Two-Party	\$1,330.88	\$0.00	\$1,330.88
	Family	\$1,970.34	\$0.00	\$1,970.34
HSTA VB Retiree - Kaiser HMO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$682.56	\$0.00	\$682.56
	Two-Party	\$1,380.76	\$0.00	\$1,380.76
	Family	\$2,035.38	\$0.00	\$2,035.38
<b><i>DENTAL PLAN</i></b>				
HDS Dental - Retiree	Self	\$35.84	\$0.00	\$35.84
	Two-Party	\$69.84	\$0.00	\$69.84
	Family	\$85.56	\$0.00	\$85.56
<b><i>VISION PLAN</i></b> <i>(Only for retirees enrolled in an out-of-state Kaiser Multi-Site or Sr. Advantage Plan - not a HSTA VEBA Plan)</i>				
VSP Vision - Retiree	Self	\$5.48	\$0.00	\$5.48
	Two-Party	\$10.96	\$0.00	\$10.96
	Family	\$14.70	\$0.00	\$14.70
<b><i>LIFE INSURANCE</i></b>				
US Able Life Insurance (Retiree only)	Self	\$4.12	\$0.00	\$4.12

<sup>1</sup> These rates do not include an administrative fee which may be added, ranging from: \$3.76 to \$11.22.

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**P.O. BOX 2121**  
**HONOLULU, HI 96805**  
**HSTA VEBA RETIREES**  
**JANUARY 1, 2016**

	Monthly Premium	Monthly Premium
<b>1 MEDICAL/PRESCRIPTION DRUG/CHIRO/VISION</b>	<b>HMSA</b>	<b>Kaiser</b>
A. Non-Medicare - Self	<input type="checkbox"/> \$682.96	<input type="checkbox"/> \$682.56
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,330.88	<input type="checkbox"/> \$1,380.76
C. Non-Medicare - Family	<input type="checkbox"/> \$1,970.34	<input type="checkbox"/> \$2,035.38
D. Medicare - Self	<input type="checkbox"/> \$419.62	<input type="checkbox"/> \$432.46
E. Medicare - 2-Party	<input type="checkbox"/> \$817.88	<input type="checkbox"/> \$843.96
F. Medicare - Family	<input type="checkbox"/> \$1,209.74	<input type="checkbox"/> \$1,248.16

Select one plan and enter premium amount

**1** \$ \_\_\_\_\_

<b>2 DENTAL</b>	<b>HDS</b>
Non Medicare/Medicare	
Self	<input type="checkbox"/> \$35.84
2-Party	<input type="checkbox"/> \$69.84
Family	<input type="checkbox"/> \$85.56

Select one plan and enter premium amount

**2** \$ \_\_\_\_\_

**3** Add lines 1 and 2

**3** \$ \_\_\_\_\_

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<b>4 EMPLOYER CONTRIBUTION MAXIMUM</b>	0%	50%	75%	100%
A. Non Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Non Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check your medical selection on line 1. (For example, if you selected 1A, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

**4** \$ \_\_\_\_\_

**5** Line 3 minus line 4, enter the AMOUNT YOU OWE monthly

**5** \$ \_\_\_\_\_

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