

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
FOR ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA  
BU 05**

EFFECTIVE JULY 1, 2016

| <b>Benefit Plan</b>                             | <b>Type of Enrollment</b> | <b>Semi-Monthly Employee Contribution</b> | <b>Monthly Employee Contribution</b> | <b>Monthly Employer Contribution</b> | <b>Percent Employer</b> | <b>Total</b> |
|---|---------------------------|---|--------------------------------------|--------------------------------------|-------------------------|--------------|
| <b>MEDICAL PLANS</b>                            |                           |   |                                      |                                      |                         |              |
| HSTA VB HMSA 90/10 PPO                          | Self                      | \$154.44                                  | \$308.88                             | \$273.44                             | 47.0%                   | \$582.32     |
| Prescription Drug, RSN Chiropractic, VSP Vision | Two-Party                 | \$373.96                                  | \$747.92                             | \$661.24                             | 46.9%                   | \$1,409.16   |
|   | Family                    | \$476.83                                  | \$953.66                             | \$842.98                             | 46.9%                   | \$1,796.64   |
| HSTA VB HMSA 80/20 PPO                          | Self                      | \$94.99                                   | \$189.98                             | \$273.44                             | 59.0%                   | \$463.42     |
| Prescription Drug, RSN Chiropractic, VSP Vision | Two-Party                 | \$229.71                                  | \$459.42                             | \$661.24                             | 59.0%                   | \$1,120.66   |
|   | Family                    | \$292.82                                  | \$585.64                             | \$842.98                             | 59.0%                   | \$1,428.62   |
| HSTA VB Kaiser Comprehensive                    | Self                      | \$95.91                                   | \$191.82                             | \$273.44                             | 58.8%                   | \$465.26     |
| Prescription Drug, RSN Chiropractic, VSP Vision | Two-Party                 | \$234.53                                  | \$469.06                             | \$661.24                             | 58.5%                   | \$1,130.30   |
|   | Family                    | \$299.74                                  | \$599.48                             | \$842.98                             | 58.4%                   | \$1,442.46   |
| <b>DENTAL PLAN</b>                              |                           |   |                                      |                                      |                         |              |
| HSTA VB HDS Dental                              | Self                      | \$6.69                                    | \$13.38                              | \$20.04                              | 60.0%                   | \$33.42      |
|   | Two-Party                 | \$13.37                                   | \$26.74                              | \$40.10                              | 60.0%                   | \$66.84      |
|   | Family                    | \$21.99                                   | \$43.98                              | \$65.98                              | 60.0%                   | \$109.96     |
| HSTA VB HDS Supplemental Dental                 | Self                      | \$3.66                                    | \$7.32                               | \$10.98                              | 60.0%                   | \$18.30      |
|   | Two-Party                 | \$7.32                                    | \$14.64                              | \$21.96                              | 60.0%                   | \$36.60      |
|   | Family                    | \$10.98                                   | \$21.96                              | \$32.94                              | 60.0%                   | \$54.90      |
| <b>VISION PLAN</b>                              |                           |   |                                      |                                      |                         |              |
| HSTA VB VSP Vision                              | Self                      | \$1.30                                    | \$2.60                               | \$3.90                               | 60.0%                   | \$6.50       |
|   | Two-Party                 | \$2.41                                    | \$4.82                               | \$7.20                               | 59.9%                   | \$12.02      |
|   | Family                    | \$3.14                                    | \$6.28                               | \$9.42                               | 60.0%                   | \$15.70      |
| <b>LIFE INSURANCE</b>                           |                           |   |                                      |                                      |                         |              |
| HSTA VB US Able Life Insurance                  | Employee                  | \$0.00                                    | \$0.00                               | \$4.12                               | 100.0%                  | \$4.12       |
|   |                           |   |                                      |                                      |                         |              |