

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

EFFECTIVE JULY 1, 2017

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution *	Percent Employer	Total
MEDICAL PLANS						
HSTA VB HMSA 90/10 PPO	Self	\$168.37	\$336.74	\$273.44	44.8%	\$610.18
Prescription Drug, RSN Chiropractic, VSP Vision	Two-Party	\$407.80	\$815.60	\$661.24	44.8%	\$1,476.84
	Family	\$519.97	\$1,039.94	\$842.98	44.8%	\$1,882.92
HSTA VB HMSA 80/20 PPO	Self	\$117.90	\$235.80	\$273.44	53.7%	\$509.24
Prescription Drug, RSN Chiropractic, VSP Vision	Two-Party	\$285.34	\$570.68	\$661.24	53.7%	\$1,231.92
	Family	\$363.74	\$727.48	\$842.98	53.7%	\$1,570.46
HSTA VB Kaiser Comprehensive	Self	\$120.96	\$241.92	\$273.44	53.1%	\$515.36
Prescription Drug, RSN Chiropractic, VSP Vision	Two-Party	\$293.61	\$587.22	\$661.24	53.0%	\$1,248.46
	Family	\$374.74	\$749.48	\$842.98	52.9%	\$1,592.46
DENTAL PLAN						
HSTA VB HDS Dental	Self	\$7.50	\$15.00	\$20.04	57.2%	\$35.04
	Two-Party	\$14.98	\$29.96	\$40.10	57.2%	\$70.06
	Family	\$24.66	\$49.32	\$65.98	57.2%	\$115.30
HSTA VB HDS Supplemental Dental	Self	\$4.15	\$8.30	\$10.98	57.0%	\$19.28
	Two-Party	\$8.30	\$16.60	\$21.96	57.0%	\$38.56
	Family	\$12.45	\$24.90	\$32.94	57.0%	\$57.84
VISION PLAN						
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
LIFE INSURANCE						
HSTA VB USAbLe Life Insurance	Employee	\$0.00	\$0.00	\$4.12	100.0%	\$4.12

* Continuation of July 1, 2016 to June 30, 2017 monthly employer contributions until a collective bargaining agreement is reached. Employees should contact their employer or check the EUTF website www.eutf.hawaii.gov for updated information regarding their premiums and contributions.