

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
HSTA VB RETIREES
EFFECTIVE JANUARY 1, 2019**

	Monthly Premium		Monthly Premium	Retiree Monthly Premium
1 MEDICAL/PRESCRIPTION DRUG/CHIRO/VISION		HMSA	Kaiser	
A. Non-Medicare - Self	<input type="checkbox"/>	\$673.58	<input type="checkbox"/>	\$797.98
B. Non-Medicare - 2-Party	<input type="checkbox"/>	\$1,312.56	<input type="checkbox"/>	\$1,611.84
C. Non-Medicare - Family	<input type="checkbox"/>	\$1,943.26	<input type="checkbox"/>	\$2,376.62
D. Medicare - Self	<input type="checkbox"/>	\$410.60	<input type="checkbox"/>	\$502.50
E. Medicare - 2-Party	<input type="checkbox"/>	\$800.28	<input type="checkbox"/>	\$980.14
F. Medicare - Family	<input type="checkbox"/>	\$1,183.74	<input type="checkbox"/>	\$1,451.32

Select one plan above and enter the premium amount on line 1.

1 \$ _____

2 DENTAL	HDS
Non-Medicare/Medicare	
Self	<input type="checkbox"/>
2-Party	<input type="checkbox"/>
Family	<input type="checkbox"/>

Select one plan above and enter the premium amount on line 2.

2 \$ _____

3 Add line 1 and line 2.

3 \$ _____

		0%		50%		75%		100%
4 EMPLOYER CONTRIBUTION								
A. Non-Medicare - Self	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$475.52	<input type="checkbox"/>	\$713.30	<input type="checkbox"/>	\$951.06
B. Non-Medicare - 2-Party	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$958.48	<input type="checkbox"/>	\$1,437.74	<input type="checkbox"/>	\$1,916.98
C. Non-Medicare - Family	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$1,402.86	<input type="checkbox"/>	\$2,104.30	<input type="checkbox"/>	\$2,805.74
D. Medicare - Self	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$338.74	<input type="checkbox"/>	\$508.12	<input type="checkbox"/>	\$677.50
E. Medicare - 2-Party	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$678.94	<input type="checkbox"/>	\$1,018.42	<input type="checkbox"/>	\$1,357.90
F. Medicare - Family	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$988.86	<input type="checkbox"/>	\$1,483.30	<input type="checkbox"/>	\$1,977.74

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 on line 4.

4 \$ _____

5 Subtract line 4 from line 3 and enter the AMOUNT YOU OWE monthly on line 5.

5 \$ _____

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 201 Merchant Street, Suite 1700, Honolulu, HI 96813.