### MEDICAL/PRESCRIPTION DRUG/CHIRO/VISION

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Monthly Premium</th>
<th>Monthly Premium</th>
<th>Retiree Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non-Medicare - Self</td>
<td>$673.58</td>
<td>$797.98</td>
<td></td>
</tr>
<tr>
<td>B. Non-Medicare - 2-Party</td>
<td>$1,312.56</td>
<td>$1,611.84</td>
<td></td>
</tr>
<tr>
<td>C. Non-Medicare - Family</td>
<td>$1,943.26</td>
<td>$2,376.62</td>
<td></td>
</tr>
<tr>
<td>D. Medicare - Self</td>
<td>$410.60</td>
<td>$502.50</td>
<td></td>
</tr>
<tr>
<td>E. Medicare - 2-Party</td>
<td>$800.28</td>
<td>$980.14</td>
<td></td>
</tr>
<tr>
<td>F. Medicare - Family</td>
<td>$1,183.74</td>
<td>$1,451.32</td>
<td></td>
</tr>
</tbody>
</table>

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

### DENTAL

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare/Medicare</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>$48.14</td>
</tr>
<tr>
<td>2-Party</td>
<td>$93.88</td>
</tr>
<tr>
<td>Family</td>
<td>$115.06</td>
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</tbody>
</table>

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

Add line 1 and line 2.

### EMPLOYER CONTRIBUTION

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>0%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Non-Medicare - Self</td>
<td>$0.00</td>
<td>$475.52</td>
<td>$713.30</td>
<td>$951.06</td>
</tr>
<tr>
<td>B. Non-Medicare - 2-Party</td>
<td>$0.00</td>
<td>$958.48</td>
<td>$1,437.74</td>
<td>$1,916.98</td>
</tr>
<tr>
<td>C. Non-Medicare - Family</td>
<td>$0.00</td>
<td>$1,402.86</td>
<td>$2,104.30</td>
<td>$2,805.74</td>
</tr>
<tr>
<td>D. Medicare - Self</td>
<td>$0.00</td>
<td>$338.74</td>
<td>$508.12</td>
<td>$677.50</td>
</tr>
<tr>
<td>E. Medicare - 2-Party</td>
<td>$0.00</td>
<td>$678.94</td>
<td>$1,018.42</td>
<td>$1,357.90</td>
</tr>
<tr>
<td>F. Medicare - Family</td>
<td>$0.00</td>
<td>$988.86</td>
<td>$1,483.30</td>
<td>$1,977.74</td>
</tr>
</tbody>
</table>

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.

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

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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.