

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**RETIREES WITH HIRE DATES ON OR AFTER JULY 1, 2001**  
**EFFECTIVE JANUARY 1, 2019**

	Monthly Premium	Monthly Premium	Retiree Monthly Premium	Self Monthly Premium of Plans Selected
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**MEDICAL & PRESCRIPTION DRUG**

- If you want medical & prescription drug, select one plan below and enter the premium amount in Box 1A and the self rate in Box IA. →  \$   \$
- If you want medical only and NOT prescription drug, skip this section and go to MEDICAL ONLY.
- If you want prescription drug only and NOT medical, skip this section and go to PRESCRIPTION DRUG ONLY.

	HMSA	Kaiser
A. Non-Medicare - Self	<input type="checkbox"/> \$724.66	<input type="checkbox"/> \$808.70
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,411.84	<input type="checkbox"/> \$1,633.58
C. Non-Medicare - Family	<input type="checkbox"/> \$2,093.18	<input type="checkbox"/> \$2,409.94
D. Medicare - Self	<input type="checkbox"/> \$427.52	<input type="checkbox"/> \$489.90
E. Medicare - 2-Party	<input type="checkbox"/> \$832.82	<input type="checkbox"/> \$955.28
F. Medicare - Family	<input type="checkbox"/> \$1,234.68	<input type="checkbox"/> \$1,415.76

**MEDICAL ONLY**

- If you want medical only and NOT prescription drug, select one plan below and enter the premium amount in Box 1B and the self rate in Box IB. → Skip if you selected a plan in 1A  \$   \$
- If you selected a plan in 1A, skip this section.

	HMSA
A. Non-Medicare - Self	<input type="checkbox"/> \$529.90
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,032.52
C. Non-Medicare - Family	<input type="checkbox"/> \$1,530.76
D. Medicare - Self	<input type="checkbox"/> \$237.26
E. Medicare - 2-Party	<input type="checkbox"/> \$462.34
F. Medicare - Family	<input type="checkbox"/> \$685.38

**PRESCRIPTION DRUG ONLY**

- If you want prescription drug only and NOT medical, select one plan below and enter the premium amount Box 1C and the self rate in Box IC. → Skip if you selected a plan in 1A  \$   \$
- If you selected a plan in 1A, skip this section.

A. Non-Medicare - Self	<input type="checkbox"/> \$194.76
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$379.32
C. Non-Medicare - Family	<input type="checkbox"/> \$562.42
D. Medicare - Self	<input type="checkbox"/> \$190.26
E. Medicare - 2-Party	<input type="checkbox"/> \$370.48
F. Medicare - Family	<input type="checkbox"/> \$549.30

**DENTAL**

- Select one plan below and enter the premium amount in Box 2 and the self rate in Box II. →  \$   \$

	HDS
Non-Medicare/Medicare	
Self	<input type="checkbox"/> \$40.00
2-Party	<input type="checkbox"/> \$78.00
Family	<input type="checkbox"/> \$95.60

**VISION**

- Select one plan below and enter the premium amount in Box 3 and the self rate in Box III. →  \$   \$

	VSP
Non-Medicare/Medicare	
Self	<input type="checkbox"/> \$4.64
2-Party	<input type="checkbox"/> \$9.30
Family	<input type="checkbox"/> \$12.48

Combine the amounts in the columns (Box 1A, 1B, or 1C, 2, and 3) (Box IA, IB, or IC, II and III)

<input type="text" value="4"/>	\$ <input type="text" value="\$"/>	<input type="text" value="IV"/>	\$ <input type="text" value="\$"/>
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**EMPLOYER CONTRIBUTION**

- Select your employer contribution amount listed below and enter the LESSER of your employer contribution amount and Box IV.  \$

	0%	50%	75%	100%
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. Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$338.74	<input type="checkbox"/> \$508.12	<input type="checkbox"/> \$677.50

Amount you owe. Subtract Box 5 from Box 4.

→ This is your monthly premium.	<input type="text" value="6"/>	\$ <input type="text" value="\$"/>
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