

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
 RETIREES WITH ERS MEMBERSHIP DATES ON OR AFTER JULY 1, 2001
 EFFECTIVE JANUARY 1, 2020**

	Monthly Premium	Monthly Premium	Retiree Monthly Premium	Self Monthly Premium of Plans Selected
MEDICAL & PRESCRIPTION DRUG				
1. 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.	→		1A	\$
2. If you want medical <u>only</u> and NOT prescription drug, skip this section and go to MEDICAL ONLY.			IA	\$
3. If you want prescription drug <u>only</u> and NOT medical, skip this section and go to PRESCRIPTION DRUG ONLY.				

	HMSA	Kaiser
A. Non-Medicare - Self	<input type="checkbox"/> \$812.96	<input type="checkbox"/> \$759.64
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,583.92	<input type="checkbox"/> \$1,534.48
C. Non-Medicare - Family	<input type="checkbox"/> \$2,348.22	<input type="checkbox"/> \$2,263.74
D. Medicare - Self	<input type="checkbox"/> \$478.98	<input type="checkbox"/> \$460.18
E. Medicare - 2-Party	<input type="checkbox"/> \$933.06	<input type="checkbox"/> \$897.36
F. Medicare - Family	<input type="checkbox"/> \$1,383.32	<input type="checkbox"/> \$1,329.88

MEDICAL ONLY				
1. If you want medical <u>only</u> 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		1B	\$
2. If you selected a plan in 1A, skip this section.			IB	\$

	HMSA
A. Non-Medicare - Self	<input type="checkbox"/> \$578.30
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,126.88
C. Non-Medicare - Family	<input type="checkbox"/> \$1,670.58
D. Medicare - Self	<input type="checkbox"/> \$258.98
E. Medicare - 2-Party	<input type="checkbox"/> \$504.68
F. Medicare - Family	<input type="checkbox"/> \$748.16

PRESCRIPTION DRUG ONLY				
1. If you want prescription drug <u>only</u> 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		1C	\$
2. If you selected a plan in 1A, skip this section.			IC	\$

A. Non-Medicare - Self	<input type="checkbox"/> \$234.66
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$457.04
C. Non-Medicare - Family	<input type="checkbox"/> \$677.64
D. Medicare - Self	<input type="checkbox"/> \$220.00
E. Medicare - 2-Party	<input type="checkbox"/> \$428.38
F. Medicare - Family	<input type="checkbox"/> \$635.16

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

Non-Medicare/Medicare	HDS
Self	<input type="checkbox"/> \$42.00
2-Party	<input type="checkbox"/> \$81.90
Family	<input type="checkbox"/> \$100.38

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

Non-Medicare/Medicare	VSP
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)				
			4	\$
			IV	\$

EMPLOYER CONTRIBUTION		
1. Select your employer contribution amount listed below and enter the LESSER of your employer contribution amount and Box IV.		5

	0%	50%	75%	100%
A. Non-Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$507.38	<input type="checkbox"/> \$761.08	<input type="checkbox"/> 1,014.78
B. Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$361.44	<input type="checkbox"/> \$542.18	<input type="checkbox"/> \$722.90

Amount you owe. Subtract Box 5 from Box 4.	→ This is your monthly premium.		6	\$
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