

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EFFECTIVE JANUARY 1, 2025
RETIREES WITH ERS MEMBERSHIP DATES ON OR AFTER JULY 1, 2001

	Monthly Premium	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. 1A \$ 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	Humana
A. Non-Medicare - Self	<input type="checkbox"/> \$924.06	<input type="checkbox"/> \$788.74	
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,800.36	<input type="checkbox"/> \$1,593.26	
C. Non-Medicare - Family	<input type="checkbox"/> \$2,669.08	<input type="checkbox"/> \$2,350.44	
D. Medicare - Self	<input type="checkbox"/> \$473.00	<input type="checkbox"/> \$481.24	<input type="checkbox"/> \$240.18
E. Medicare - 2-Party	<input type="checkbox"/> \$921.42	<input type="checkbox"/> \$938.42	<input type="checkbox"/> \$470.52
F. Medicare - Family	<input type="checkbox"/> \$1,366.10	<input type="checkbox"/> \$1,390.78	<input type="checkbox"/> \$699.48

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. 1B \$ IB \$
- If you selected a plan in 1A, skip this section.

	HMSA	Humana
A. Non-Medicare - Self	<input type="checkbox"/> \$673.28	
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$1,311.92	
C. Non-Medicare - Family	<input type="checkbox"/> \$1,944.90	
D. Medicare - Self	<input type="checkbox"/> \$286.54	<input type="checkbox"/> \$53.72
E. Medicare - 2-Party	<input type="checkbox"/> \$558.34	<input type="checkbox"/> \$107.44
F. Medicare - Family	<input type="checkbox"/> \$827.78	<input type="checkbox"/> \$161.16

PRESCRIPTION DRUG ONLY

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

A. Non-Medicare - Self	<input type="checkbox"/> \$250.78
B. Non-Medicare - 2-Party	<input type="checkbox"/> \$488.44
C. Non-Medicare - Family	<input type="checkbox"/> \$724.18
D. Medicare - Self	<input type="checkbox"/> \$186.46
E. Medicare - 2-Party	<input type="checkbox"/> \$363.08
F. Medicare - Family	<input type="checkbox"/> \$538.32

DENTAL

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

	HDS
Non-Medicare/Medicare Self	<input type="checkbox"/> \$46.74
2-Party	<input type="checkbox"/> \$91.18
Family	<input type="checkbox"/> \$111.72

VISION

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

	VSP
Non-Medicare/Medicare Self	<input type="checkbox"/> \$3.54
2-Party	<input type="checkbox"/> \$7.10
Family	<input type="checkbox"/> \$9.52

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

4	\$	IV	\$
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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. 5 \$

	0%	50%	75%	100%
A. Non-Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$648.38	<input type="checkbox"/> \$972.56	<input type="checkbox"/> \$1,296.76
B. Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$461.88	<input type="checkbox"/> \$692.84	<input type="checkbox"/> \$923.78

Amount you owe. Subtract Box 5 from Box 4.

This is your monthly premium.	6	\$
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