

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
FOR ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA
BU 05**

EFFECTIVE JULY 1, 2025

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
MEDICAL PLANS						
HSTA VB - PPO - 80/20 Plan- HMSA	Self	158.23	316.46	474.70	60.0%	\$791.16
Medical and Chiropractic, CVS Caremark	Two-Party	383.51	767.02	1,150.54	60.0%	\$1,917.56
Prescription Drug, VSP Vision	Family	488.77	977.54	1,466.28	60.0%	\$2,443.82
HSTA VB - PPO - 90/10 Plan - HMSA	Self	237.16	474.32	474.70	50.0%	\$949.02
Medical and Chiropractic, CVS Caremark	Two-Party	574.95	1,149.90	1,150.54	50.0%	\$2,300.44
Prescription Drug, VSP Vision	Family	733.03	1,466.06	1,466.28	50.0%	\$2,932.34
HSTA VB - HMO - Kaiser Comprehensive	Self	148.80	297.60	474.70	61.5%	\$772.30
Medical, Drug, Chiropractic, and VSP Vision	Two-Party	361.88	723.76	1,150.54	61.4%	\$1,874.30
	Family	462.52	925.04	1,466.28	61.3%	\$2,391.32
DENTAL PLAN						
HSTA VB - HDS Dental	Self	9.14	18.28	27.40	60.0%	\$45.68
	Two-Party	18.28	36.56	54.82	60.0%	\$91.38
	Family	27.41	54.82	82.24	60.0%	\$137.06
HSTA VB - HDS Supplemental Dental	Self	3.96	7.92	11.88	60.0%	\$19.80
	Two-Party	7.93	15.86	23.76	60.0%	\$39.62
	Family	11.89	23.78	35.64	60.0%	\$59.42
VISION PLAN						
HSTA VB - VSP Vision	Self	0.84	1.68	2.52	60.0%	\$4.20
	Two-Party	1.57	3.14	4.68	59.8%	\$7.82
	Family	2.05	4.10	6.12	59.9%	\$10.22
LIFE INSURANCE						
HSTA VB - Securian Life Insurance	Employee	-	-	4.12	100.0%	\$4.12

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MEDICAL AND PRESCRIPTION DRUG PLANS						
HSTA VB - PPO - 80/20 Plan - HMSA Medical and Chiropractic	Self	108.69	217.38	326.04	60.0%	543.42
	Two-Party	263.59	527.18	790.78	60.0%	1,317.96
	Family	335.93	671.86	1,007.78	60.0%	1,679.64
HSTA VB - PPO - 80/20 Plan - CVS Caremark Prescription Drug	Self	48.70	97.40	146.14	60.0%	243.54
	Two-Party	118.35	236.70	355.08	60.0%	591.78
	Family	150.79	301.58	452.38	60.0%	753.96
HSTA VB - PPO - 90/10 Plan - HMSA Medical and Chiropractic	Self	175.41	350.82	350.46	50.0%	701.28
	Two-Party	425.38	850.76	850.08	50.0%	1,700.84
	Family	542.38	1,084.76	1,083.40	50.0%	2,168.16
HSTA VB - PPO - 90/10 Plan - CVS Caremark Prescription Drug	Self	60.91	121.82	121.72	50.0%	243.54
	Two-Party	148.00	296.00	295.78	50.0%	591.78
	Family	188.60	377.20	376.76	50.0%	753.96
HSTA VB - HMO - Kaiser Comprehensive Medical, Drug, and Chiropractic	Self	147.96	295.92	472.18	61.5%	768.10
	Two-Party	360.31	720.62	1,145.86	61.4%	1,866.48
	Family	460.47	920.94	1,460.16	61.3%	2,381.10
DENTAL PLAN						
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	Two-Party	18.28	36.56	54.82	60.0%	\$91.38
	Family	27.41	54.82	82.24	60.0%	\$137.06
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