HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
EUTF RETIREES WITH ERS MEMBERSHIP DATES ON OR AFTER JULY 1, 2001
EFFECTIVE JANUARY 1, 2026

1A MEDICAL & PRESCRIPTION DRUG

		Monthly Premium HMSA	Monthly Premium Kaiser	Monthly Premium Humana
A.	Non-Medicare - Self	☐ $987.74	☐ $816.46	
B.	Non-Medicare - 2-Party	☐ $1,924.38	☐ $1,649.22	
C.	Non-Medicare - Family	☐ $2,852.98	☐ $2,433.02	
D.	Medicare - Self	☐ $464.18	☐ $498.14	☐ $209.68
E.	Medicare - 2-Party	☐ $904.28	☐ $971.34	☐ $411.12
F.	Medicare - Family	☐ $1,340.76	☐ $1,439.60	☐ $611.44

If you want Medical and Prescription Drug, select one plan above and enter the premium amount on line 1A and the Self rate on line IA.
If you want Medical ONLY and NOT Prescription Drug, skip this section and go to MEDICAL ONLY (1B).
If you want Prescription Drug ONLY and NOT Medical, skip this section and go to PRESCRIPTION DRUG ONLY (1C).

Retiree Monthly Premium		Self Monthly Premium of Plans Selected	
1A	$	IA	$

1B MEDICAL ONLY

		HMSA	Humana
A.	Non-Medicare - Self	☐ $727.18	
B.	Non-Medicare - 2-Party	☐ $1,416.90	
C.	Non-Medicare - Family	☐ $2,100.56	
D.	Medicare - Self	☐ $308.22	☐ $53.72
E.	Medicare - 2-Party	☐ $600.60	☐ $107.44
F.	Medicare - Family	☐ $890.48	☐ $161.16

If you want Medical ONLY and NOT Prescription Drug, select one plan above and enter the premium amount on line 1B and the Self rate on line IB.
If you selected a plan in 1A, skip this section.

1B	$	IB	$

1C PRESCRIPTION DRUG ONLY

		CVS
A.	Non-Medicare - Self	☐ $260.56
B.	Non-Medicare - 2-Party	☐ $507.48
C.	Non-Medicare - Family	☐ $752.42
D.	Medicare - Self	☐ $155.96
E.	Medicare - 2-Party	☐ $303.68
F.	Medicare - Family	☐ $450.28

If you want Prescription Drug ONLY and NOT Medical, select one plan above and enter the premium amount on line 1C and the Self rate on line IC.
If you selected a plan in 1A, skip this section.

1C	$	IC	$

2 DENTAL

		HDS
Non-Medicare/Medicare		
	Self	☐ $50.76
	2-Party	☐ $99.00
	Family	☐ $121.30

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

2	$	II	$

3 VISION

		VSP
Non-Medicare/Medicare		
	Self	☐ $3.54
	2-Party	☐ $7.10
	Family	☐ $9.52

Select one plan above and enter the premium amount on line 3 and the Self rate on line III.

3	$	III	$

4 Add lines 1A, 1B or 1C, 2, and 3 and enter amount on line 4. Add lines IA, IB, or IC, II, and III and enter amount on line IV.

4	$	IV	$

5 EMPLOYER CONTRIBUTION

		0%	50%	75%	100%
A.	Non-Medicare - Self	☐ $0.00	☐ $682.10	☐ $1,023.14	☐ $1,364.20
B.	Medicare - Self	☐ $0.00	☐ $485.90	☐ $728.86	☐ $971.82

Select your Employer Contribution amount listed above and enter the LESSER between your Employer Contribution amount and line IV on line 5.

5	$

6 Subtract line 5 from line 4 and enter the AMOUNT YOU OWE monthly on line 6.

6	$

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.