HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES
BU7
EMPLOYER/EMPLOYEE CONTRIBUTIONS
JANUARY 1, 2010 through JUNE 30, 2010

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
MEDICAL PLANS				
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	$136.80	$146.56	$283.36
	Two-Party	$331.60	$356.10	$687.70
	Family	$423.36	$453.68	$877.04
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	$136.80	$137.36	$274.16
	Two-Party	$331.60	$333.74	$665.34
	Family	$423.36	$425.16	$848.52
EUTF Prescription Drug (informedRx)	Self	$32.42	$31.44	$63.86
	Two-Party	$78.60	$76.46	$155.06
	Family	$100.36	$97.60	$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	$169.22	$215.10	$384.32
	Two-Party	$410.20	$522.64	$932.84
	Family	$523.72	$666.18	$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	$176.58	$135.36	$311.94
	Two-Party	$410.20	$346.24	$756.44
	Family	$529.58	$435.86	$965.44
Kaiser Basic Prescription Drug RSN Chiropractic	Self	$169.22	$107.04	$276.26
	Two-Party	$410.20	$259.60	$669.80
	Family	$523.72	$331.20	$854.92
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	$109.02	$93.98	$203.00
	Two-Party	$245.38	$247.42	$492.80
	Family	$327.38	$301.18	$628.56
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	$35.06	$21.56	$56.62
	Two-Party	$86.14	$53.60	$139.74
	Family	$97.82	$59.58	$157.40
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	$169.22	$91.10	$260.32
	Two-Party	$410.20	$222.36	$632.56
	Family	$523.72	$283.70	$807.42
DENTAL PLAN				
HDS Dental	Self	$17.06	$13.72	$30.78
	Two-Party	$34.18	$27.40	$61.58
	Family	$70.66	$30.68	$101.34
VISION PLAN				
VSP Vision	Self	$3.64	$2.40	$6.04
	Two-Party	$6.76	$4.42	$11.18
	Family	$8.84	$5.78	$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	$4.16	$0.00	$4.16