HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
COUNTY ACTIVE EMPLOYEES
BU 1, 2, 3, 4, 9, 10, 13
Non-BU11 and Non-BU12 Excluded, Exempt and EM Employees
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	$170.86	$112.50	$283.36
	Two-Party	$414.42	$273.28	$687.70
	Family	$528.84	$348.20	$877.04
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	$170.86	$103.30	$274.16
	Two-Party	$414.42	$250.92	$665.34
	Family	$528.84	$319.68	$848.52
EUTF Prescription Drug (informedRx)	Self	$38.56	$25.30	$63.86
	Two-Party	$93.54	$61.52	$155.06
	Family	$119.52	$78.44	$197.96
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	$209.42	$174.90	$384.32
	Two-Party	$507.96	$424.88	$932.84
	Family	$648.36	$541.54	$1,189.90
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	$209.42	$102.52	$311.94
	Two-Party	$507.96	$248.48	$756.44
	Family	$648.36	$317.08	$965.44
Kaiser Basic Prescription Drug RSN Chiropractic	Self	$209.42	$66.84	$276.26
	Two-Party	$507.96	$161.84	$669.80
	Family	$648.36	$206.56	$854.92
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	$122.90	$80.10	$203.00
	Two-Party	$297.98	$194.82	$492.80
	Family	$380.50	$248.06	$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	$209.42	$50.90	$260.32
	Two-Party	$507.96	$124.60	$632.56
	Family	$648.36	$159.06	$807.42
DENTAL PLAN				
HDS Dental	Self	$18.58	$12.20	$30.78
	Two-Party	$37.20	$24.38	$61.58
	Family	$76.96	$24.38	$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