

STATE OF HAWAII

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

www.eutf.hawaii.gov

P.O. BOX 2121 HONOLULU, HAWAII 96805-2121 Oahu (808) 586-7390 Toll Free 1(800) 295-0089

May 5, 2009

ADMINISTRATOR
JAMES WILLIAMS

JOHN H. RADCLIFFE STANLEY T. SHIRAKI

RONALD BOYER

BOARD OF TRUSTEES

GEORGE KAHOOHANOHANO

MARIE C. LADERTA, CHAIRPERSON BARBARA A. ANNIS, VICE-CHAIRPERSON ELIZABETH C. HO, SECRETARY-TREASURER

NEGENVED

University of Hawaii

FROFESSIONAL ASSEMBLY

TO:

Marie Laderta

Office of Collective Bargaining

FROM:

Jim Williams

Administrator

SUBJECT:

EUTF Health Benefit Premium Rates for July 2009

Enclosed are the EUTF health benefit premium rates for actives and retirees for July 2009. At their meetings of April 28, 2009 and May 1, 2009, the EUTF Board of Trustees voted to extend current benefit plans for active employees and retirees through July 31, 2009 and to approve rates for all benefit plans through July 31, 2009. These actions were necessitated because the Board of Trustees has not been able to reach agreement on the benefit plans and rates to be offered for the full 2009 – 2010 plan year. The Board will consider further extensions (same benefits and rates as for July) for the months of August and September at a later date, if it continues to be unable to reach agreement for the full plan year.

This is to request that the Office of Collective Bargaining inform the EUTF of the new employer monthly contribution amounts for each benefit plan for each bargaining unit (1 to 13) for July 2009 (and August and September if further extensions are approved). As soon as the Board makes its final decisions regarding the full 2009 - 2010 plan year, I will transmit the rates to you for similar determination.

If you have any questions about the enclosed rates, please contact Donna Tonaki, Financial Management Officer, at 586-1690.

Enclosures (3)

c:

Georgina K. Kawamura, Director of Finance

Rix Maurer, City & County of Honolulu

Kenneth Y. Nakamatsu, City & County of Honolulu

Nancy Crawford, County of Hawaii

Michael R. Ben, County of Hawaii

Wallace G. Rezentes, Jr., County of Kauai

Malcolm Fernandez, County of Kauai

Kalbert K. Young, County of Maui

Lynn Krieg, County of Maui

Celeste Nip, Hawaii Fire Fighters Association

Randy Perreira, Hawaii Government Employees Association

Tenari Maafala, State of Hawaii Organization of Police Officers

Dayton Nakanelua, United Public Workers

✓J.N. Musto, University of Hawaii Professional Assembly

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND ACTIVE EMPLOYEES ALL BU'S EXCEPT BU12 JULY 1, 2009

	Type of			Total Contribution
Benefit Plan	Enrollment	Premium	Admin Fee	Required
MEDICAL PLANS				
EUTF PPO (HMA) RSN Chiropractic	Self	\$274.32	\$2.14	\$276.46
	Two-Party	\$666.47	\$4.49	\$670.96
	Family	\$849.10	\$6.56	\$855.66
EUTF PPO (HMSA)	Self	\$281.22	\$2.14	\$283.36
RSN Chiropractic	Two-Party	\$683.21	\$4.49	\$687.70
	Family	\$870.48	\$6.56	\$877.04
	Self	\$63.25	\$0.61	\$63.86
EUTF Prescription Drug (NMHC)	Two-Party	\$153.77	\$1.29	\$155.06
	Family	\$196.09	\$1.87	\$197.96
EUTF HMO (HMSA)	Self	\$381.57	\$2.75	\$384.32
Prescription Drug	Two-Party	\$927.06	\$5.78	\$932.84
RSN Chiropractic	Family	\$1,181.47	\$8.43	\$1,189.90
Kaiser Comprehensive	Self	\$304.91	\$2.75	\$307.66
Prescription Drug	Two-Party	\$740.31	\$5.77	\$746.08
RSN Chiropractic	Family	\$943.80	\$8.44	\$952.24
Kaiser Basic	Self	\$269.75	\$2.75	\$272.50
Prescription Drug	Two-Party	\$654.87	\$5.77	\$660.64
RSN Chiropractic	Family	\$834.80	\$8.44	\$843.24
EUTF Supplemental (HMSA)	Self	\$200.26	\$2.74	\$203.00
NMHC Prescription Drug	Two-Party	\$487.03	\$5.77	\$492.80
RSN Chiropractic	Family	\$620.14	\$8.42	\$628.56
Royal State Supplemental	Self	\$53.87	\$2.75	\$56.62
Prescription Drug	Two-Party	\$133.97	\$5.77	\$139.74
RSN Chiropractic	Family	\$148.96	\$8.44	\$157.40
EUTF High Deductible Health Plan	Self	\$257.57	\$2.75	\$260.32
(HMSA)	Two-Party	\$626.79	\$5.77	\$632.56
Prescription Drug	Family	\$798.99	\$8.43	\$807.42
DENTAL PLAN				
PRIVING I BOIT	Self	\$30.48	\$0.30	\$30.78
HDS Dental	Two-Party	\$60.92	\$0.66	\$61.58
	Family	\$100.40	\$0.94	\$101.34
VISION PLAN				
VSP Vision	Self	\$5.98	\$0.06	\$6.04
	Two-Party	\$11.06	\$0.12	\$11.18
	Family	\$14.45	\$0.17	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.12	\$0.04	\$4.16
				-

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND ACTIVE EMPLOYEES BU12 JULY 1, 2009

	Type of			Total
Daniella Dian	Type of	_		Contribution
Benefit Plan	Enrollment	Premium	Admin Fee	Required
MEDICAL PLANS			or .	
EUTF PPO (HMA) RSN Chiropractic	Self	\$244.46	\$2.14	\$246.60
	Two-Party	\$611.89	\$4.49	\$616.38
	Family	\$792.58	\$6.56	\$799.14
EUTF PPO (HMSA) RSN Chiropractic	Self	\$250.64	\$2.14	\$252.78
	Two-Party	\$627.39	\$4.49	\$631.88
	Family	\$812.60	\$6.56	\$819.16
EUTF Prescription Drug (NMHC)	Self	\$42.63	\$0.61	\$43.24
	Two-Party	\$106.82	\$1.28	\$108.10
	Family	\$138.41	\$1.87	\$140.28
EUTF HMO (HMSA)	Self	\$332.77	\$2.75	\$335.52
Prescription Drug	Two-Party	\$833.17	\$5.77	\$838.94
RSN Chiropractic	Family	\$1,079.37	\$8.43	\$1,087.80
Kaiser Comprehensive	Self	\$251.19	\$2.75	\$253.94
Prescription Drug	Two-Party	\$627.19	\$5.77	\$632.96
RSN Chiropractic	Family	\$812.16	\$8.44	\$820.60
Kaiser Basic	Self	\$222.27	\$2.75	\$225.02
Prescription Drug	Two-Party	\$554.91	\$5.77	\$560.68
RSN Chiropractic	Family	\$718.48	\$8.44	\$726.92
EUTF Supplemental (HMSA)	Self	\$172.85	\$2.75	\$175.60
NMHC Prescription Drug	Two-Party	\$435.39	\$5.77	\$441.16
RSN Chiropractic	Family	\$569.91	\$8.43	\$578.34
Royai State Supplemental	Self	\$53.87	\$2.75	\$56.62
Prescription Drug	Two-Party	\$133.97	\$5.77	\$139.74
RSN Chiropractic	Family	\$148.96	\$8.44	\$157.40
EUTF High Deductible Health Plan	Self	\$276.83	\$2.75	\$279.58
(HMSA)	Two-Party	\$694.81	\$5.77	\$700.58
Prescription Drug	Family	\$901.79	\$8.43	\$910.22
DENTAL PLAN			IR.	
HDS Dental	Self	\$30.48	\$0.30	\$30.78
	Two-Party	\$60.92	\$0.66	\$61.58
	Family	\$100.40	\$0.94	\$101.34
VISION PLAN				
VSP Vision	Self	\$5.98	\$0.06	\$6.04
	Two-Party	\$11.06	\$0.12	\$11.18
	Family	\$14.45	\$0.17	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.12	\$0.04	\$4.16

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND RETIREE RATES EFFECTIVE JULY 1, 2009

				Total
8	Type of			Contribution
Benefit Plan	Enrollment	Premium	Admin Fee	Required
MEDICAL PLANS - MEDICARE				
Effective 7/1/09 (Month-to-Month)	()	1		
EUTF PPO Medicare (HMA)	Self	\$149.65	\$2.13	\$151.78
	Two-Party	\$291.40	\$4.50	\$295.90
	Family	\$432.07	\$6.57	\$438.64
EUTF PPO Medicare (HMSA)	Self	\$156.24	\$2.14	\$158.38
	Two-Party	\$304.23	\$4.49	\$308.72
	Family	\$451.09	\$6.57	\$457.66
	Self	\$179.35	\$0.61	\$179.96
Medicare Prescription Drug (NMHC)	Two-Party	\$349.23	\$1.29	\$350.52
	Family	\$517.81	\$1.87	\$519.68
Kaiser Medicare HMO	Self	\$248.28	\$2.76	\$251.04
Prescription Drug	Two-Party	\$484.16	\$5.78	\$489.94
	Family	\$717.52	\$8.44	\$725.96
MEDICAL PLANS - NON MEDICARE Effective 7/1/09 (Month-to-Month)				
	Self	\$312.63	\$2.13	\$314.76
EUTF PPO Non Medicare (HMA)	Two-Party	\$608.87	\$4.49	\$613.36
` ,	Family	\$902.75	\$6.57	\$909.32
EUTF PPO Non Medicare (HMSA)	Self	\$322.72	\$2.14	\$324.86
	Two-Party	\$628.54	\$4.50	\$633.04
	Family	\$931.91	\$6.57	\$938.48
Non Medicare Prescription Drug (NMHC)	Self	\$139.78	\$0.62	\$140.40
	Two-Party	\$272.24	\$1.28	\$273.52
	Family	\$403.63	\$1.87	\$405.50
Kalaan Nam Madiaana LIMO	Self	\$493.16	\$2.76	\$495.92
Kaiser Non Medicare HMO Prescription Drug	Two-Party	\$961.64	\$5.78	\$967.42
	Family	\$1,425.20	\$8.44	\$1,433.64
DENTAL PLAN Rates through 12/31/09				
	Self	\$29.88	\$0.30	\$30.18
HDS Dental	Two-Party	\$58.32	\$0.66	\$58.98
	Family	\$71.28	\$0.94	\$72.22
VISION PLAN Rates through 12/31/09				
	Self	\$4.36	\$0.06	\$4.42
VSP Vision	Two-Party	\$8.72	\$0.12	\$8.84
	Family	\$11.70	\$0.18	\$11.88
LIFE INSURANCE Rates through 12/31/09			The state of the s	
Standard Life Insurance (Retiree only)	Self	\$4.12	\$0.04	\$4.16
Standard Life insulative (Helifee Omy)	1 0011	Ψ7.12	Ψ0.04	ψτ.10