BU 2
Tentative Agreement
Union
Employer
Date 4-22-13

ARTICLE 52
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST

Delete the existing language in this section in its entirety and replace with the following:

A. "Health Benefit Plan" shall mean the medical PPO or HMO, prescription drug, dental, vision, and dual coverage medical plans.

B. Effective July 1, 2013

Subject to the applicable provisions of Chapters 87A and 89, Hawaii Revised Statutes, the Employer shall pay monthly contributions which include the cost of the Hawaii Employer-Union Health Benefits Trust Fund (Trust Fund) administrative fees to the Trust Fund effective July 1, 2013, not to exceed the monthly contribution amounts as specified below:

1. For each Employee-Beneficiary with no dependent-beneficiaries enrolled in the following Trust Fund health benefit plans:

BENEFIT PLAN	TOTAL MONTHLY CONTRIBUTION
a. Medical (PPO or HMO) (medical & chiro)	$208.38
b. Dental	$18.36

c. Vision $3.62

d. Dual coverage (medical, drug, chiro):

(1)HMSA $136.94

(2) Royal State $26.54

e. Drug Plan $42.60

The Employer shall pay the same monthly contribution for each member enrolled in a self only medical plan (PPO or HMO), regardless of which plan is chosen.

2. For each Employee-Beneficiary with one dependent-beneficiary enrolled in the following Trust Fund health benefit plans:

BENEFIT PLAN	TOTAL MONTHLY CONTRIBUTION
a. Medical (PPO or HMO) (medical & chiro)	$505.10
b. Dental	$36.72
c. Vision	$6.68
d. Dual coverage (medical, drug, chiro)	
(1)HMSA	$331.64
(2) Royal State	$65.28
e. Drug Plan	$103.34

The Employer shall pay the same monthly contribution for each member enrolled in a two-party medical plan (PPO or HMO), regardless of which plan is chosen.

3. For each Employee-Beneficiary with two or more dependent-beneficiaries enrolled in the following Trust Fund health benefit plans:

BENEFIT PLAN	TOTAL MONTHLY CONTRIBUTION
a. Medical (PPO or HMO) (medical & chiro)	$644.28
b. Dental	$60.36
c. Vision	$8.76
d. Dual coverage (medical, drug, & chiro)	
(1)HMSA	$423.16
(2) Royal State	$73.76
e. Drug Plan	$131.82

The Employer shall pay the same monthly contribution for each member enrolled in a family medical plan (PPO or HMO), regardless of which plan is chosen.

4. For each Employee-Beneficiary enrolled in the Trust Fund group life insurance plan, the Employer shall pay $ 4.16 per month which reflects one hundred percent (100%) of the premium and administrative fee.

C. Effective July 1, 2014

Effective July 1, 2014 for plan year 2014-2015, with the exception of items 1a., 2a., 3a., and 4., which shall be the dollar amounts noted, the Employer shall pay a specific dollar amount equivalent to sixty percent (60%) of the final premium rates established by the Trust Fund Board for the respective health benefit plan, plus sixty (60%) of all administrative fees

1. The amounts paid by the Employer shall be based on the plan year 2014-2015 monthly premium rates established by the Trust Fund for each Employee-Beneficiary with no dependent-beneficiaries enrolled in the following Trust Fund health plans:

   a. Medical (PPO or HMO) (& chiro) $218.38
   b. Dental
   c. Vision
   d. Dual coverage (medical, drug, & chiro)
      (1) HMSA
      (2) Royal State
   e. Drug Plan

   The Employer shall pay the same monthly contribution for each member enrolled in a self only medical plan (PPO or HMO), regardless of which plan is chosen.

2. The amounts paid by the Employer shall be based on the plan year 2014-2015 final monthly premium rates established by the Trust Fund for each Employee-Beneficiary with one dependent-beneficiary enrolled in the following Trust Fund health plans:

   a. Medical (PPO or HMO) (& chiro) $525.10

b. Dental

c. Vision

d. Dual coverage (medical, drug, & chiro)

(1) HMSA

(2) Royal State

e. Drug Plan

The Employer shall pay the same monthly contribution for each member enrolled in a two-party medical plan (PPO or HMO), regardless of which plan is chosen.

3. The amounts paid by the Employer shall be based on the plan year 2014-2015 final monthly premium rates established by the Trust Fund for each Employee-Beneficiary with two or more dependent-beneficiaries enrolled in the following Trust Fund health plans:

a. Medical (PPO or HMO) (& chiro) $674.28

b. Dental

c. Vision

d. Dual coverage (medical, drug, & chiro)

(1) HMSA

(2) Royal State

e. Drug Plan

The Employer shall pay the same monthly contribution for each member enrolled in a family medical plan (PPO or HMO), regardless of which plan is chosen.

4. For each Employee-Beneficiary enrolled in the Trust Fund group life insurance plan, the Employer shall pay no more than $4.12 per month which reflects one hundred percent (100%) of the monthly premium. The employer shall also pay one hundred percent (100%) of all

administrative fees.

D. No later than three (3) weeks after the Trust Fund Board formally establishes and adopts the final premium rates for Fiscal Years 2014-2015, the Office of Collective Bargaining shall distribute the final calculation of the Employers' monthly contribution amounts for each health benefit plan.

E. Payment For Plans Eliminated Or Abolished. The Employer shall make no payments for any and all premiums for any portion or part of a Trust Fund health benefit plan that the Trust Fund Board eliminates or abolishes.

F. Rounding Employer's Monthly Contribution. Whenever the Employer's monthly contribution (premium plus administrative fee) to the Trust Fund is less than one hundred percent (100%) of the monthly premium amount, such monthly contribution shall be rounded to the nearest cent as provided below:

1. When rounding to the nearest cent results in an even amount, such even amount shall be the Employer's monthly contribution. For example:
   (a) $11.397 = $11.40 = $11.40 (Employer's monthly contribution)
   (b) $11.382 = $11.38 = $11.38 (Employer's monthly contribution).

2. When rounding to the nearest cent results in an odd amount, round to the lower even cent, and such even amount shall be the Employer's monthly contribution. For example:
   (a) $11.392 = $11.39 = $11.38 (Employer's monthly contribution)
   (b) $11.386 = $11.39 = $11.38 (Employer's monthly contribution)

Employer contributions effective July 1, 2013 and contributions effective

July 1, 2014 for items 1a, 2a, and 3a, reflect the rounding described in item F.

Employer contributions effective July 1, 2014, shall be rounded as described in item F after administrative fees have been determined by the Trust Fund Board.

G. If an agreement covering period(s) beyond the term of this agreement is not executed by June 30, 2015, employer contributions to the Trust Fund shall be the same monthly contribution amounts paid in plan year 2014-2015 for the Health Benefit Plan approved by the Trust Fund including monthly administrative fee.