



HSTA Voluntary Employees Beneficiary Association Trust

771 Amana Street, 3rd Floor
Honolulu, Hawaii 96814-3238
(808) 591-2823/1-800-637-4926
Fax No. : (808) 591-2652

November 2, 2009

TO: ACTIVE TEACHERS OF BARGAINING UNIT 5
FROM: HSTA VEBA TRUST ADMINISTRATION
RE: 2010 OPEN ENROLLMENT PERIOD – IMPORTANT INFORMATION

We are pleased to inform you the Open Enrollment period for your VEBA Trust Health Benefit Plans is finally here. The open enrollment period starts November 2, 2009 and ends November 30, 2009. Any changes made during the open enrollment period will be effective January 1, 2010.

There are no new benefit changes to the health benefit plans. However the employee monthly contributions for each of the plans have changed. *Listed below are the current and new employee monthly contributions for the respective health benefit plans:*

<u>Health Benefit Plans</u>	<u>Current Contribution thru December 31, 2009</u>	<u>New Contribution as of January 1, 2010</u>
HMA Medical & Catalyst Drug, VSP Vision, & ChiroPlan	Single \$103.81 Family \$326.81	Single \$104.15 Family \$327.59
Kaiser Medical & Drug, VSP Vision & ChiroPlan	Single \$118.20 Family \$352.84	Single \$118.96 Family \$355.08
HMSA Medical & Drug, VSP Vision & ChiroPlan	Single \$159.20 Family \$454.99	Single \$159.84 Family \$456.31
HMSA Supplemental Medical, Drug, Vision & ChiroPlan	Single \$73.15 Family \$218.05	Single \$79.55 Family \$247.95
HDS Primary Dental Plan	Single \$11.22 Family \$33.68	Single \$13.60 Family \$40.80
HDS Supplemental Dental Plan	Single \$7.12 Family \$20.59	Single \$2.50 Family \$7.25
VSP Vision Plan Only	Single \$2.30 Family \$5.42	Single \$2.74 Family \$6.44

Attached to this notice is a brief summary of the health benefit plans offered with the new employee monthly contribution listed below each plan. After reviewing the information, should you decide to make changes to your current health benefit plan please complete an Enrollment Form for Actives. The enrollment form is available on the website: www.hstaveba.com or you may call the Trust Office to request a copy of the form. Return your completed enrollment form to the VEBA Trust Office by November 30, 2009. *If you are not making any changes to your health benefit coverage you do not need to do anything further.*

Should you have any questions, please do not hesitate to call us at 591-2823 (Oahu) or 1-800-637-4926 (Neighbor Islands).

HSTA VEBA TRUST
SUMMARY OF PRIMARY HEALTH BENEFIT PLANS
EFFECTIVE JANUARY 2010
 (Page 1)

(Please refer to plan documents or plan brochures for a complete description of benefits)

BENEFITS	HMA – Participating Provider Plan Pays	HMSA – Participating Provider Plan Pays	KAISER –In State Network Member Pays
Office Visits	80% of Eligible Charge	90% of Eligible Charge	\$15.00 Copayment
Well Women Exam	100% of E. C.	90% of E. C.	No Charge
Immunizations	80% of E. C.	100% of E. C.	No Charge (\$10 Copay for some)
Outpatient Lab & X-ray	80% of E. C.	90% of E. C.	\$15.00/Department/Day
PT, OT & Speech Therapy	80% of E. C.	90% of E. C.	\$15.00 per Visit
Surgery	80% of E. C.	90% of E. C.	\$15 Outpat. ; No Charge – Inpat.
Hospital Room & Care (semi-private room)	80% of E. C.	90% of E. C.	No Charge
Anesthesiology - inpatient	80% of E. C.	90% of E. C.	No Charge
Emergency Room	80% of E. C.	90% of E. C.	\$50.00 per Visit
Skilled Nursing Facility (day limits per Plan)	80% of E. C.	90% of E. C.	No Charge
Hospice Care	100% of E. C.	100% of E. C.	No Charge
Home Health Care (150 visits/C.Y.)	100% of E. C.	100% of E. C.	No Charge
Chemotherapy	80% of E. C.	90% of E. C.	\$15.00 per Visit
Maximum Annual Copayment (Paid by the Member)	\$2,500 per Person \$7,500 per Family	\$2,000 per Person \$6,000 per Family	\$2,000 per Person \$6,000 per Family
Lifetime Maximum Paid by the Plan	\$1 Million per Person	\$2 Million per Person	Unlimited
	Catalyst Rx – PAR Pharmacy Member Pays	HMSA – PAR Pharmacy Member Pays	Kaiser Pharmacy Member Pays
Retail Prescription Drugs (30 day supply)	\$5.00 per Generic \$15.00 per Brand	\$5.00 per Generic \$15.00 per Brand	\$10.00
Mail Order Prescription Drugs (90 day supply)	\$9.00 per Generic \$27.00 per Brand	\$9.00 per Generic \$27.00 per Brand	\$20.00
	ChiroPlan Hawaii Provider Member Pays	ChiroPlan Hawaii Provider Member Pays	ChiroPlan Hawaii Provider Member Pays
Office Visits – 20 Maximum/Plan Year	\$12.00 per Visit	\$12.00 per Visit	\$12.00 per Visit

Employee Contribution per Month:
 (Medical, Drug, Vision & Chiro)

Single \$104.15
 Family \$327.59

Single \$159.84
 Family \$456.31

Single \$118.96
 Family \$355.08

