

**Hawaii Employer-Union Health Benefits Trust Fund
EUTF Monthly Active COBRA Rates (All except BU12)**

Benefit Plan	Type of Enrollment	7/1/2015 - 6/30/2016	
		Regular COBRA	Disability COBRA
<i>MEDICAL PLANS</i>			
PPO - 90/10 Plan - HMSA Medical	Self	\$ 472.48	\$ 694.83
	Two Party	1,146.89	1,686.60
	Family	1,462.60	2,150.88
PPO - 80/20 Plan - HMSA Medical	Self	\$ 388.76	\$ 571.71
	Two-Party	943.70	1,387.80
	Family	1,203.52	1,769.88
PPO - 75/25 Plan - HMSA Medical	Self	\$ 347.51	\$ 511.05
	Two-Party	843.56	1,240.53
	Family	1,075.83	1,582.11
PPO Prescription Drug - CVS Caremark	Self	\$ 107.30	\$ 157.80
	Two-Party	260.71	383.40
	Family	332.19	488.52
HMO - HMSA Medical	Self	\$ 528.85	\$ 777.72
	Two-Party	1,283.83	1,887.99
	Family	1,637.28	2,407.77
HMO Prescription Drug - CVS Caremark	Self	\$ 107.30	\$ 157.80
	Two-Party	260.71	383.40
	Family	332.19	488.52
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 524.64	\$ 771.54
	Two-Party	1,283.46	1,887.45
	Family	1,638.99	2,410.29
HMO - Kaiser Standard Medical Kaiser Prescription Drug	Self	\$ 373.07	\$ 548.64
	Two-Party	914.57	1,344.96
	Family	1,168.30	1,718.10
Supplemental - Royal State National Supplemental Prescription Drug	Self	\$ 41.90	\$ 61.62
	Two-Party	104.79	154.11
	Family	116.64	171.54
<i>DENTAL PLAN</i>			
HDS Dental	Self	\$ 31.29	\$ 46.02
	Two-Party	62.58	92.04
	Family	102.95	151.41
<i>VISION PLAN</i>			
VSP Vision	Self	\$ 6.53	\$ 9.60
	Two-Party	12.06	17.73
	Family	15.75	23.16
<i>CHIROPRACTIC PLAN</i>			
Royal State Chiro	Self	\$ 1.44	\$ 2.13
	Two-Party	2.91	4.29
	Family	3.10	4.56

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers. ACA Insurer fees not required for CVS Caremark prescription drug rates. The rates exclude the Reinsurance fees and Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA. EUTF admin fees are not included in the rates.