

**Hawaii Employer-Union Health Benefits Trust Fund
HSTA VB Monthly Active COBRA Rates**

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	\$ 441.44	\$ 649.17
	Two Party	1,071.32	1,575.48
	Family	1,366.35	2,009.34
PPO - 80/20 Plan - HMSA Medical	Self	\$ 328.12	\$ 482.52
	Two-Party	796.37	1,171.14
	Family	1,015.61	1,493.55
PPO Prescription Drug - CVS Caremark	Self	\$ 88.16	\$ 129.66
	Two-Party	214.22	315.03
	Family	272.95	401.40
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 456.79	\$ 671.76
	Two-Party	1,120.06	1,647.15
	Family	1,430.81	2,104.14
<i>DENTAL PLANS</i>			
HDS Dental	Self	\$ 32.72	\$ 48.12
	Two-Party	65.44	96.24
	Family	107.67	158.34
HDS Supplemental Dental	Self	\$ 18.31	\$ 26.94
	Two-Party	36.63	53.88
	Family	54.95	80.82
<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.