

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

Benefit Plan	Type of Enrollment	7/1/2016 - 6/30/2017	
		Regular COBRA	Disability COBRA
<i>MEDICAL PLANS</i>			
PPO - 90/10 Plan - HMSA Medical and CVS Caremark Prescription Drug	Self	\$ 629.77	\$ 926.16
	Two Party	1,528.97	2,248.50
	Family	1,949.55	2,867.01
PPO - 80/20 Plan - HMSA Medical and CVS Caremark Prescription Drug	Self	\$ 530.53	\$ 780.21
	Two-Party	1,288.09	1,894.26
	Family	1,642.43	2,415.36
PPO - 75/25 Plan - HMSA Medical and CVS Caremark Prescription Drug	Self	\$ 456.70	\$ 671.64
	Two-Party	1,108.88	1,630.71
	Family	1,413.89	2,079.27
HMO - HMSA Medical and CVS Caremark Prescription Drug	Self	\$ 706.58	\$ 1,039.11
	Two-Party	1,715.55	2,522.88
	Family	2,187.54	3,216.99
HMO - Kaiser Comprehensive Medical Kaiser Prescription Drug	Self	\$ 527.17	\$ 775.26
	Two-Party	1,284.62	1,889.16
	Family	1,639.50	2,411.04
HMO - Kaiser Standard Medical Kaiser Prescription Drug	Self	\$ 379.52	\$ 558.12
	Two-Party	925.52	1,361.07
	Family	1,181.38	1,737.33
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	\$ 31.98	\$ 47.04
	Two-Party	63.97	94.08
	Family	105.20	154.71
<i>VISION PLAN</i>			
VSP Vision	Self	\$ 6.63	\$ 9.75
	Two-Party	12.26	18.03
	Family	16.01	23.55
<i>CHIROPRACTIC PLAN</i>			
Royal State Chiro	Self	\$ 1.48	\$ 2.19
	Two-Party	2.97	4.38
	Family	3.16	4.65

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers and take into account deferral of Insurer fees for 2017. 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.

The 2016/2017 Active COBRA rates do not include an EUTF administrative fee which may be added.