

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

Benefit Plan	Type of Enrollment	7/1/2018 – 6/30-2019	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO – 90/10 Plan – HMSA Medical	Self	\$ 577.78	\$ 849.69
	Two-Party	\$ 1,401.84	\$ 2,061.54
	Family	\$ 1,787.08	\$ 2,628.06
PPO – 80/20 Plan – HMSA Medical	Self	\$ 458.87	\$ 674.82
	Two-Party	\$ 1,113.16	\$ 1,637.01
	Family	\$ 1,419.02	\$ 2,086.80
PPO – 90/10 and 80/20 Plans – CVS Caremark Prescription Drug	Self	\$ 141.63	\$ 208.29
	Two-Party	\$ 344.12	\$ 506.07
	Family	\$ 438.47	\$ 644.82
PPO – 75/25 Plan – HMSA Medical	Self	\$ 309.81	\$ 455.61
	Two-Party	\$ 751.41	\$ 1,105.02
	Family	\$ 957.69	\$ 1,408.38
PPO – 75/25 Plan – CVS Caremark Prescription Drug	Self	\$ 72.60	\$ 106.77
	Two-Party	\$ 176.39	\$ 259.41
	Family	\$ 224.76	\$ 330.54
HMO – HMSA Medical	Self	\$ 680.89	\$ 1,001.31
	Two-Party	\$ 1,652.29	\$ 2,429.85
	Family	\$ 2,106.52	\$ 3,097.83
HMO – CVS Caremark Prescription Drug	Self	\$ 141.63	\$ 208.29
	Two-Party	\$ 344.12	\$ 506.07
	Family	\$ 438.47	\$ 644.82
HMO – Kaiser Comprehensive Medical and Prescription Drug	Self	\$ 641.74	\$ 943.74
	Two-Party	\$ 1,559.43	\$ 2,293.29
	Family	\$ 1,989.42	\$ 2,925.63
HMO – Kaiser Standard Medical and Prescription Drug	Self	\$ 415.91	\$ 611.64
	Two-Party	\$ 1,010.57	\$ 1,486.14
	Family	\$ 1,289.25	\$ 1,895.97
DENTAL PLAN			
HDS Dental	Self	\$ 34.37	\$ 50.55
	Two-Party	\$ 68.76	\$ 101.13
	Family	\$ 113.11	\$ 166.35
VISION PLAN			
VSP Vision	Self	\$ 6.20	\$ 9.12
	Two-Party	\$ 11.48	\$ 16.89
	Family	\$ 15.01	\$ 22.08

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers and take into account suspension of Insurer fees for 2019. ACA Insurer fees not required for CVS Caremark prescription drug rates. The rates exclude the Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.

The Active COBRA rates do not include an EUTF administrative fee.

Hawaii Employer-Union Health Benefits Trust Fund
EUTF Monthly Active COBRA Rates (Bargaining Unit 12)

Benefit Plan	Type of Enrollment	7/1/2018 – 6/30-2019	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO – 90/10 Plan – HMSA Medical	Self	\$ 480.50	\$ 706.62
	Two-Party	\$ 1,200.56	\$ 1,765.53
	Family	\$ 1,555.64	\$ 2,287.71
PPO – 80/20 Plan – HMSA Medical	Self	\$ 382.09	\$ 561.90
	Two-Party	\$ 954.55	\$ 1,403.76
	Family	\$ 1,236.66	\$ 1,818.63
PPO – 90/10 and 80/20 Plans – CVS Caremark Prescription Drug	Self	\$ 98.00	\$ 144.12
	Two-Party	\$ 245.35	\$ 360.81
	Family	\$ 317.81	\$ 467.37
PPO – 75/25 Plan – HMSA Medical	Self	\$ 257.93	\$ 379.32
	Two-Party	\$ 644.23	\$ 947.40
	Family	\$ 834.38	\$ 1,227.03
PPO – 75/25 Plan – CVS Caremark Prescription Drug	Self	\$ 54.22	\$ 79.74
	Two-Party	\$ 135.74	\$ 199.62
	Family	\$ 175.82	\$ 258.57
HMO – HMSA Medical	Self	\$ 578.38	\$ 850.56
	Two-Party	\$ 1,445.87	\$ 2,126.28
	Family	\$ 1,873.78	\$ 2,755.56
HMO – CVS Caremark Prescription Drug	Self	\$ 98.00	\$ 144.12
	Two-Party	\$ 245.35	\$ 360.81
	Family	\$ 317.81	\$ 467.37
HMO – Kaiser Comprehensive Medical and Prescription Drug	Self	\$ 549.33	\$ 807.84
	Two-Party	\$ 1,373.26	\$ 2,019.51
	Family	\$ 1,779.71	\$ 2,617.23
HMO – Kaiser Standard Medical and Prescription Drug	Self	\$ 345.24	\$ 507.72
	Two-Party	\$ 863.08	\$ 1,269.24
	Family	\$ 1,118.53	\$ 1,644.90
DENTAL PLAN			
HDS Dental	Self	\$ 34.37	\$ 50.55
	Two-Party	\$ 68.76	\$ 101.13
	Family	\$ 113.11	\$ 166.35
VISION PLAN			
VSP Vision	Self	\$ 6.20	\$ 9.12
	Two-Party	\$ 11.48	\$ 16.89
	Family	\$ 15.01	\$ 22.08

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers and take into account suspension of Insurer fees for 2019. ACA Insurer fees not required for CVS Caremark prescription drug rates. The rates exclude the Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.

The Active COBRA rates do not include an EUTF administrative fee.

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

Benefit Plan	Type of Enrollment	7/1/2018 – 6/30-2019	
		Regular COBRA	Disability COBRA
MEDICAL PLANS			
PPO – 90/10 Plan – HMSA Medical	Self	\$ 500.77	\$ 736.44
	Two-Party	\$ 1,214.57	\$ 1,786.14
	Family	\$ 1,548.27	\$ 2,276.88
PPO – 80/20 Plan – HMSA Medical	Self	\$ 393.61	\$ 578.85
	Two-Party	\$ 954.53	\$ 1,403.73
	Family	\$ 1,216.51	\$ 1,788.99
PPO – 90/10 and 80/20 Plans – CVS Caremark Prescription Drug	Self	\$ 133.49	\$ 196.32
	Two-Party	\$ 324.36	\$ 477.00
	Family	\$ 413.28	\$ 607.77
HMO – Kaiser Comprehensive Medical and Prescription Drug	Self	\$ 561.18	\$ 825.27
	Two-Party	\$ 1,363.55	\$ 2,005.23
	Family	\$ 1,739.54	\$ 2,558.16
DENTAL PLANS			
HDS Dental	Self	\$ 37.59	\$ 55.29
	Two-Party	\$ 75.19	\$ 110.58
	Family	\$ 123.66	\$ 181.86
HDS Supplemental Dental	Self	\$ 19.29	\$ 28.38
	Two-Party	\$ 38.59	\$ 56.76
	Family	\$ 57.89	\$ 85.14
VISION PLAN			
VSP Vision	Self	\$ 6.20	\$ 9.12
	Two-Party	\$ 11.48	\$ 16.89
	Family	\$ 15.01	\$ 22.08

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers and take into account suspension of Insurer fees for 2019. ACA Insurer fees not required for CVS Caremark prescription drug rates. The rates exclude the Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA.

The Active COBRA rates do not include an EUTF administrative fee.