

Hawaii Employer-Union Health Benefits Trust Fund  
EUTF Monthly Retiree COBRA Rates

Benefit Plan	Type of Enrollment	1/1/2018 – 12/31/2018
		Regular COBRA
<b>MEDICAL PLANS - MEDICARE</b>		
PPO – 90/10 Plan – HMSA Medical	Self	\$ 238.90
	Two-Party	\$ 465.50
	Family	\$ 690.09
SilverScript Prescription Drug	Self	\$ 166.09
	Two-Party	\$ 323.42
	Family	\$ 479.54
Kaiser HMO Senior Advantage Medical Includes Kaiser Prescription Drug	Self	\$ 492.82
	Two-Party	\$ 960.96
	Family	\$ 1,424.16
<b>MEDICAL PLANS – NON-MEDICARE</b>		
PPO – 90/10 Plan – HMSA Medical	Self	\$ 530.58
	Two-Party	\$ 1,033.89
	Family	\$ 1,532.73
CVS Caremark Prescription Drug	Self	\$ 184.73
	Two-Party	\$ 359.80
	Family	\$ 533.46
Kaiser HMO Medical Includes Kaiser Prescription Drug	Self	\$ 813.71
	Two-Party	\$ 1,643.66
	Family	\$ 2,424.84
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 40.26
	Two-Party	\$ 78.58
	Family	\$ 96.26
<b>VISION PLAN</b>		
VSP Vision	Self	\$ 5.05
	Two-Party	\$ 10.13
	Family	\$ 13.60

**NOTE: These rates do not include an EUTF administrative fee.**

## HSTA VB Monthly Retiree COBRA Rates

Benefit Plan	Type of Enrollment	1/1/2018 – 12/31/2018
		Regular COBRA
<b><i>MEDICAL PLANS - MEDICARE</i></b>		
PPO – 90/10 Plan – HMSA Medical with Chiropractic	Self	\$ 204.73
	Two-Party	\$ 399.20
	Family	\$ 590.29
SilverScript Prescription Drug	Self	\$ 193.80
	Two-Party	\$ 377.38
	Family	\$ 559.54
Kaiser HMO Senior Advantage Medical with Chiropractic Includes Kaiser Prescription Drug	Self	\$ 500.86
	Two-Party	\$ 976.58
	Family	\$ 1,447.35
<b><i>MEDICAL PLANS – NON-MEDICARE</i></b>		
PPO – 90/10 Plan – HMSA Medical with Chiropractic	Self	\$ 436.66
	Two-Party	\$ 850.86
	Family	\$ 1,259.92
CVS Caremark Prescription Drug	Self	\$ 201.27
	Two-Party	\$ 392.03
	Family	\$ 581.24
Kaiser HMO Medical with Chiropractic Includes Kaiser Prescription Drug	Self	\$ 798.25
	Two-Party	\$ 1,612.88
	Family	\$ 2,379.41
<b><i>DENTAL PLAN</i></b>		
HDS Dental	Self	\$ 48.47
	Two-Party	\$ 94.37
	Family	\$ 115.70
<b><i>VISION PLAN</i></b>		
VSP Vision	Self	\$ 5.05
	Two-Party	\$ 10.13
	Family	\$ 13.60

**NOTE: These rates do not include an EUTF administrative fee.**