

Hawaii Employer-Union Health Benefits Trust Fund
EUTF Monthly Active COBRA Premiums

Effective July 1, 2021 through June 30, 2022

Benefit Plan	Type of Enrollment	Regular COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS		
HMSA 90/10 PPO Medical Plan	Self	\$ 771.05
	Two-Party	\$ 1,872.82
	Family	\$ 2,388.37
HMSA 80/20 PPO Medical Plan	Self	\$ 566.65
	Two-Party	\$ 1,376.08
	Family	\$ 1,754.70
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 162.28
	Two-Party	\$ 394.31
	Family	\$ 502.39
HMSA 75/25 PPO Medical Plan	Self	\$ 350.10
	Two-Party	\$ 849.98
	Family	\$ 1,083.56
CVS Caremark 75/25 Prescription Drug Plan	Self	\$ 85.25
	Two-Party	\$ 207.14
	Family	\$ 263.91
HMSA HMO Medical Plan	Self	\$ 773.56
	Two-Party	\$ 1,879.04
	Family	\$ 2,396.38
CVS Caremark HMO Prescription Drug Plan	Self	\$ 162.28
	Two-Party	\$ 394.31
	Family	\$ 502.39
Kaiser HMO Standard Medical and Prescription Drug Plan	Self	\$ 457.04
	Two-Party	\$ 1,110.59
	Family	\$ 1,416.80
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 736.62
	Two-Party	\$ 1,790.03
	Family	\$ 2,283.57
DENTAL PLAN		
HDS Dental	Self	\$ 37.63
	Two-Party	\$ 75.27
	Family	\$ 123.74
VISION PLAN		
VSP Vision	Self	\$ 6.26
	Two-Party	\$ 11.62
	Family	\$ 15.21

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

Comparative Effectiveness Research (Patient-Centered Outcome Research Institute) fees assessed to comply with ACA are not included.

Medical and prescription drug coverage are required to be bundled for active employees and their dependents.

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

Effective July 1, 2021 through June 30, 2022

Benefit Plan	Type of Enrollment	Regular COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS		
HMSA 90/10 PPO Medical Plan	Self	\$ 559.57
	Two-Party	\$ 1,357.13
	Family	\$ 1,729.94
HMSA 80/20 PPO Medical Plan	Self	\$ 453.43
	Two-Party	\$ 1,099.62
	Family	\$ 1,401.33
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 184.04
	Two-Party	\$ 447.18
	Family	\$ 569.77
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 636.66
	Two-Party	\$ 1,547.07
	Family	\$ 1,973.63
DENTAL PLAN		
HDS Dental	Self	\$ 40.12
	Two-Party	\$ 80.25
	Family	\$ 132.02
HDS Supplemental Dental	Self	\$ 20.11
	Two-Party	\$ 40.22
	Family	\$ 60.34
VISION PLAN		
VSP Vision	Self	\$ 6.26
	Two-Party	\$ 11.62
	Family	\$ 15.21

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

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Medical and prescription drug coverage are required to be bundled for active employees and their dependents.