



EUTF Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2022 – 6/30/2023		7/1/2023 – 6/30/2024	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 751.57	\$ 1,105.26	\$ 790.64	\$ 1,162.71
	Two-Party	\$ 1,825.51	\$ 2,684.58	\$ 1,920.41	\$ 2,824.14
	Family	\$ 2,328.04	\$ 3,423.60	\$ 2,449.06	\$ 3,601.56
HMSA 80/20 PPO Medical Plan	Self	\$ 552.43	\$ 812.40	\$ 581.27	\$ 854.82
	Two-Party	\$ 1,341.54	\$ 1,972.86	\$ 1,411.61	\$ 2,075.91
	Family	\$ 1,710.66	\$ 2,515.68	\$ 1,800.01	\$ 2,647.08
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 185.06	\$ 272.16	\$ 189.44	\$ 278.58
	Two-Party	\$ 449.70	\$ 661.32	\$ 460.30	\$ 676.92
	Family	\$ 572.96	\$ 842.58	\$ 586.46	\$ 862.44
HMSA 75/25 PPO Medical Plan	Self	\$ 350.55	\$ 515.52	\$ 400.65	\$ 589.20
	Two-Party	\$ 851.08	\$ 1,251.60	\$ 972.73	\$ 1,430.49
	Family	\$ 1,084.95	\$ 1,595.52	\$ 1,239.99	\$ 1,823.52
CVS Caremark 75/25 Prescription Drug Plan	Self	\$ 94.94	\$ 139.62	\$ 94.56	\$ 139.06
	Two-Party	\$ 230.68	\$ 339.24	\$ 229.74	\$ 337.86
	Family	\$ 293.92	\$ 432.24	\$ 292.72	\$ 430.48
HMSA HMO Medical Plan	Self	\$ 754.04	\$ 1,108.89	\$ 793.13	\$ 1,166.37
	Two-Party	\$ 1,831.63	\$ 2,693.58	\$ 1,926.59	\$ 2,833.23
	Family	\$ 2,335.92	\$ 3,435.18	\$ 2,457.01	\$ 3,613.26
CVS Caremark HMO Prescription Drug Plan	Self	\$ 185.06	\$ 272.16	\$ 189.44	\$ 278.58
	Two-Party	\$ 449.70	\$ 661.32	\$ 460.30	\$ 676.92
	Family	\$ 572.96	\$ 842.58	\$ 586.46	\$ 862.44
Kaiser HMO Standard Medical and Prescription Drug Plan	Self	\$ 482.15	\$ 709.05	\$ 509.97	\$ 749.97
	Two-Party	\$ 1,171.64	\$ 1,723.01	\$ 1,239.27	\$ 1,822.47
	Family	\$ 1,494.68	\$ 2,198.07	\$ 1,580.95	\$ 2,324.94
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 777.13	\$ 1,142.84	\$ 822.01	\$ 1,208.85
	Two-Party	\$ 1,888.44	\$ 2,777.12	\$ 1,997.50	\$ 2,937.51
	Family	\$ 2,409.09	\$ 3,542.79	\$ 2,548.24	\$ 3,747.42
DENTAL PLAN					
HDS Dental	Self	\$ 37.14	\$ 54.63	\$ 36.51	\$ 53.70
	Two-Party	\$ 74.29	\$ 109.26	\$ 73.03	\$ 107.40
	Family	\$ 122.15	\$ 179.64	\$ 120.07	\$ 176.58
VISION PLAN					
VSP Vision	Self	\$ 6.24	\$ 9.18	\$ 4.28	\$ 6.30
	Two-Party	\$ 11.58	\$ 17.04	\$ 7.97	\$ 11.73
	Family	\$ 15.17	\$ 22.32	\$ 10.42	\$ 15.33

NOTE: Rates include the ACA Insurer fees for all fully-insured benefits as provided by the carriers and take into account repeal of Insurer fees effective 2021. 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.

Caremark prescription drug premiums are as provided by PSG.



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

Benefit Plan	Type of Enrollment	7/1/2022 – 6/30/2023		7/1/2023 – 6/30/2024	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 545.61	\$ 802.38	\$ 623.11	\$ 916.35
	Two-Party	\$ 1,323.26	\$ 1,945.98	\$ 1,511.23	\$ 2,222.40
	Family	\$ 1,686.77	\$ 2,480.55	\$ 1,926.37	\$ 2,832.90
HMSA 80/20 PPO Medical Plan	Self	\$ 442.17	\$ 650.25	\$ 505.55	\$ 743.46
	Two-Party	\$ 1,072.32	\$ 1,576.95	\$ 1,226.01	\$ 1,802.97
	Family	\$ 1,366.53	\$ 2,009.61	\$ 1,562.39	\$ 2,297.64
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 196.48	\$ 288.94	\$ 198.26	\$ 291.58
	Two-Party	\$ 477.36	\$ 702.00	\$ 481.74	\$ 708.46
	Family	\$ 608.22	\$ 894.46	\$ 613.82	\$ 902.68
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 671.67	\$ 987.75	\$ 7110.45	\$ 1,044.78
	Two-Party	\$ 1,632.16	\$ 2,400.24	\$ 1,726.41	\$ 2,538.84
	Family	\$ 2,082.18	\$ 3,062.03	\$ 2,202.42	\$ 3,238.86
DENTAL PLAN					
HDS Dental	Self	\$ 40.12	\$ 59.01	\$ 39.67	\$ 58.35
	Two-Party	\$ 80.25	\$ 118.02	\$ 79.35	\$ 116.70
	Family	\$ 132.02	\$ 194.16	\$ 130.58	\$ 192.03
HDS Supplemental Dental	Self	\$ 18.91	\$ 27.81	\$ 18.52	\$ 27.24
	Two-Party	\$ 37.82	\$ 55.62	\$ 37.04	\$ 54.48
	Family	\$ 56.73	\$ 83.43	\$ 55.56	\$ 81.72
VISION PLAN					
VSP Vision	Self	\$ 6.24	\$ 9.18	\$ 4.28	\$ 6.30
	Two-Party	\$ 11.58	\$ 17.04	\$ 7.97	\$ 11.73
	Family	\$ 15.17	\$ 22.32	\$ 10.42	\$ 15.33

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