



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

Effective January 1, 2023 through December 31, 2023

<b>Benefit Plan</b>	<b>Type of Enrollment</b>	<b>Regular COBRA</b>
<b>MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$ 243.14
	Two-Party	\$ 473.76
	Family	\$ 702.39
Humana Medicare Advantage PPO Medical Plan	Self	\$ 49.44
	Two-Party (both Medicare)	\$ 98.89
	Three-Party (all Medicare)	\$ 148.34
Kaiser Permanente Senior Advantage Plan Medical and Prescription Drug Plan	Self	\$ 449.71
	Two-Party	\$ 876.91
	Family	\$ 1,299.64
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$ 543.51
	Two-Party	\$ 1,059.02
	Family	\$ 1,570.00
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 742.05
	Two-Party	\$ 1,498.91
	Family	\$ 2,211.25
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 42.30
	Two-Party	\$ 82.53
	Family	\$ 101.14
<b>VISION PLAN</b>		
VSP Vision	Self	\$ 3.61
	Two-Party	\$ 7.24
	Family	\$ 9.71

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.



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

Effective January 1, 2023 through December 31, 2023

Benefit Plan	Type of Enrollment	Regular COBRA
<b>MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 222.89
	Two-Party	\$ 434.60
	Family	\$ 642.51
Kaiser Permanente Senior Advantage Plan Medical, Chiropractic and Prescription Drug Plan	Self	\$ 457.02
	Two-Party	\$ 891.15
	Family	\$ 1,320.75
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 509.36
	Two-Party	\$ 992.52
	Family	\$ 1,469.71
Kaiser HMO Comprehensive Medical, Chiropractic and Prescription Drug Plan	Self	\$ 728.07
	Two-Party	\$ 1,470.69
	Family	\$ 2,169.64
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 50.93
	Two-Party	\$ 99.32
	Family	\$ 121.74
<b>VISION PLAN</b>		
VSP Vision	Self	\$ 3.61
	Two-Party	\$ 7.24
	Family	\$ 9.71

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.