



EUTF Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2023 – 6/30/2024		7/1/2024 – 6/30/2025	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 790.64	\$ 1,162.71	\$ 844.74	\$ 1,242.27
	Two-Party	\$ 1,920.41	\$ 2,824.14	\$ 2,051.81	\$ 3,017.37
	Family	\$ 2,449.06	\$ 3,601.56	\$ 2,616.60	\$ 3,847.95
HMSA 80/20 PPO Medical Plan	Self	\$ 581.27	\$ 854.82	\$ 621.03	\$ 913.29
	Two-Party	\$ 1,411.61	\$ 2,075.91	\$ 1,508.19	\$ 2,217.93
	Family	\$ 1,800.01	\$ 2,647.08	\$ 1,923.16	\$ 2,828.19
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 189.44	\$ 278.58	\$ 237.41	\$ 349.14
	Two-Party	\$ 460.30	\$ 676.92	\$ 576.89	\$ 848.37
	Family	\$ 586.46	\$ 862.44	\$ 734.99	\$ 1,080.87
HMSA 75/25 PPO Medical Plan	Self	\$ 400.65	\$ 589.20	\$ 428.07	\$ 629.52
	Two-Party	\$ 972.73	\$ 1,430.49	\$ 1,039.27	\$ 1,528.35
	Family	\$ 1,239.99	\$ 1,823.52	\$ 1,324.83	\$ 1,948.29
CVS Caremark 75/25 Prescription Drug Plan	Self	\$ 94.56	\$ 139.06	\$ 106.44	\$ 156.54
	Two-Party	\$ 229.74	\$ 337.86	\$ 258.65	\$ 380.37
	Family	\$ 292.72	\$ 430.48	\$ 329.54	\$ 484.62
HMSA HMO Medical Plan	Self	\$ 793.13	\$ 1,166.37	\$ 880.09	\$ 1,294.26
	Two-Party	\$ 1,926.59	\$ 2,833.23	\$ 2,137.85	\$ 3,143.91
	Family	\$ 2,457.01	\$ 3,613.26	\$ 2,726.46	\$ 4,009.50
CVS Caremark HMO Prescription Drug Plan	Self	\$ 189.44	\$ 278.58	\$ 237.41	\$ 349.14
	Two-Party	\$ 460.30	\$ 676.92	\$ 576.89	\$ 848.37
	Family	\$ 586.46	\$ 862.44	\$ 734.99	\$ 1,080.87
Kaiser HMO Standard Medical and Prescription Drug Plan	Self	\$ 509.97	\$ 749.97	\$ 530.97	\$ 780.84
	Two-Party	\$ 1,239.27	\$ 1,822.47	\$ 1,290.23	\$ 1,897.41
	Family	\$ 1,580.95	\$ 2,324.94	\$ 1,645.97	\$ 2,420.55
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 822.01	\$ 1,208.85	\$ 855.82	\$ 1,258.56
	Two-Party	\$ 1,997.50	\$ 2,937.51	\$ 2,079.63	\$ 3,058.29
	Family	\$ 2,548.24	\$ 3,747.42	\$ 2,653.04	\$ 3,901.53
DENTAL PLAN					
HDS Dental	Self	\$ 36.51	\$ 53.70	\$ 37.61	\$ 55.32
	Two-Party	\$ 73.03	\$ 107.40	\$ 75.25	\$ 110.67
	Family	\$ 120.07	\$ 176.58	\$ 123.74	\$ 181.98
VISION PLAN					
VSP Vision	Self	\$ 4.28	\$ 6.30	\$ 4.28	\$ 6.30
	Two-Party	\$ 7.97	\$ 11.73	\$ 7.97	\$ 11.73
	Family	\$ 10.42	\$ 15.33	\$ 10.42	\$ 15.33

NOTE: 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.

2023/2024 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	7/1/2023 – 6/30/2024		7/1/2024 – 6/30/2025	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 623.11	\$ 916.35	\$ 691.45	\$ 1,016.85
	Two-Party	\$ 1,511.23	\$ 2,222.40	\$ 1,676.96	\$ 2,466.12
	Family	\$ 1,926.37	\$ 2,832.90	\$ 2,137.61	\$ 3,143.55
HMSA 80/20 PPO Medical Plan	Self	\$ 505.55	\$ 743.46	\$ 561.00	\$ 825.00
	Two-Party	\$ 1,226.01	\$ 1,802.97	\$ 1,360.45	\$ 2,000.67
	Family	\$ 1,562.39	\$ 2,297.64	\$ 1,733.73	\$ 2,549.61
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 198.26	\$ 291.58	\$ 214.99	\$ 316.17
	Two-Party	\$ 481.74	\$ 708.46	\$ 522.42	\$ 768.27
	Family	\$ 613.82	\$ 902.68	\$ 665.59	\$ 978.81
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 710.45	\$ 1,044.78	\$ 739.68	\$ 1,087.77
	Two-Party	\$ 1,726.41	\$ 2,538.84	\$ 1,797.42	\$ 2,643.27
	Family	\$ 2,202.42	\$ 3,238.86	\$ 2,293.00	\$ 3,372.06
DENTAL PLAN					
HDS Dental	Self	\$ 39.67	\$ 58.35	\$ 41.26	\$ 60.69
	Two-Party	\$ 79.35	\$ 116.70	\$ 82.53	\$ 121.38
	Family	\$ 130.58	\$ 192.03	\$ 135.80	\$ 199.71
HDS Supplemental Dental	Self	\$ 18.52	\$ 27.24	\$ 19.25	\$ 28.32
	Two-Party	\$ 37.04	\$ 54.48	\$ 38.51	\$ 56.64
	Family	\$ 55.56	\$ 81.72	\$ 57.77	\$ 84.96
VISION PLAN					
VSP Vision	Self	\$ 4.28	\$ 6.30	\$ 4.28	\$ 6.30
	Two-Party	\$ 7.97	\$ 11.73	\$ 7.97	\$ 11.73
	Family	\$ 10.42	\$ 15.33	\$ 10.42	\$ 15.33

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