



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

Effective January 1, 2024 through December 31, 2024

Benefit Plan	Type of Enrollment	Regular COBRA
<b>MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$ 256.55
	Two-Party	\$ 499.90
	Family	\$ 741.13
Humana Medicare Advantage PPO Medical Plan	Self	\$ 52.91
	Two-Party (both Medicare)	\$ 105.83
	Three-Party (all Medicare)	\$ 158.75
SilverScript Prescription Drug Plan	Self	\$ 235.60
	Two-Party	\$ 458.74
	Family	\$ 680.18
Kaiser Permanente Senior Advantage Plan Medical and Prescription Drug Plan	Self	\$ 471.75
	Two-Party	\$ 919.87
	Family	\$ 1,363.33
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical Plan	Self	\$ 593.59
	Two-Party	\$ 1,156.63
	Family	\$ 1,714.70
CVS Caremark Prescription Drug Plan	Self	\$ 248.74
	Two-Party	\$ 484.46
	Family	\$ 718.28
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 778.34
	Two-Party	\$ 1,572.24
	Family	\$ 2,319.45
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 44.65
	Two-Party	\$ 87.08
	Family	\$ 106.71
<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, 2024 through December 31, 2024

Benefit Plan	Type of Enrollment	Regular COBRA
<b>MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 238.45
	Two-Party	\$ 464.93
	Family	\$ 687.35
SilverScript Prescription Drug Plan	Self	\$ 304.00
	Two-Party	\$ 591.98
	Family	\$ 877.72
HMSA 90/10 PPO Medical and Chiropractic, SilverScript Prescription Drug, and VSP Vision Plans	Self	\$ 546.06
	Two-Party	\$ 1,064.15
	Family	\$ 1,574.78
Kaiser Permanente Senior Advantage Plan Medical, Chiropractic and Prescription Drug Plan	Self	\$ 479.40
	Two-Party	\$ 934.83
	Family	\$ 1,385.46
<b>MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE</b>		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 540.80
	Two-Party	\$ 1,053.78
	Family	\$ 1,560.43
CVS Caremark Prescription Drug Plan	Self	\$ 266.52
	Two-Party	\$ 519.14
	Family	\$ 769.70
HMSA 90/10 PPO Medical and Chiropractic, CVS Caremark Prescription Drug, and VSP Vision Plans	Self	\$ 810.93
	Two-Party	\$ 1,580.16
	Family	\$ 2,339.84
Kaiser HMO Comprehensive Medical, Chiropractic and Prescription Drug Plan	Self	\$ 763.65
	Two-Party	\$ 1,542.60
	Family	\$ 2,275.74
<b>DENTAL PLAN</b>		
HDS Dental	Self	\$ 52.83
	Two-Party	\$ 103.04
	Family	\$ 126.29
<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.