



EUTF Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2024 – 6/30/2025		7/1/2025 – 6/30/2026				
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA			
MEDICAL AND PRESCRIPTION DRUG PLANS								
HMSA 90/10 PPO Medical Plan	Self	\$ 844.74	\$ 1,242.27	\$ 835.46	\$ 1,228.62			
	Two-Party	\$ 2,051.81	\$ 3,017.37	\$ 2,029.22	\$ 2,984.16			
	Family	\$ 2,616.60	\$ 3,847.95	\$ 2,587.94	\$ 3,805.80			
HMSA 80/20 PPO Medical Plan	Self	\$ 621.03	\$ 913.29	\$ 652.86	\$ 960.09			
	Two-Party	\$ 1,508.19	\$ 2,217.93	\$ 1,585.46	\$ 2,331.57			
	Family	\$ 1,923.16	\$ 2,828.19	\$ 2,021.80	\$ 2,973.24			
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 237.41	\$ 349.14	\$ 255.57	\$ 375.84			
	Two-Party	\$ 576.89	\$ 848.37	\$ 621.01	\$ 913.26			
	Family	\$ 734.99	\$ 1,080.87	\$ 791.19	\$ 1,163.52			
HMSA 75/25 PPO Medical Plan	Self	\$ 428.07	\$ 629.52	\$ 445.04	\$ 654.48			
	Two-Party	\$ 1,039.27	\$ 1,528.35	\$ 1,080.46	\$ 1,588.92			
	Family	\$ 1,324.83	\$ 1,948.29	\$ 1,377.44	\$ 2,025.66			
CVS Caremark 75/25 Prescription Drug Plan	Self	\$ 106.44	\$ 156.54	\$ 152.77	\$ 224.67			
	Two-Party	\$ 258.65	\$ 380.37	\$ 371.21	\$ 545.91			
	Family	\$ 329.54	\$ 484.62	\$ 472.95	\$ 695.52			
HMSA HMO Medical Plan	Self	\$ 880.09	\$ 1,294.26	\$ 961.61	\$ 1,414.14			
	Two-Party	\$ 2,137.85	\$ 3,143.91	\$ 2,335.94	\$ 3,435.21			
	Family	\$ 2,726.46	\$ 4,009.50	\$ 2,979.17	\$ 4,381.14			
CVS Caremark HMO Prescription Drug Plan	Self	\$ 237.41	\$ 349.14	\$ 255.57	\$ 375.84			
	Two-Party	\$ 576.89	\$ 848.37	\$ 621.01	\$ 913.26			
	Family	\$ 734.99	\$ 1,080.87	\$ 791.19	\$ 1,163.52			
Kaiser HMO Standard Medical and Prescription Drug Plan	Self	\$ 530.97	\$ 780.84	\$ 572.58	\$ 842.04			
	Two-Party	\$ 1,290.23	\$ 1,897.41	\$ 1,391.40	\$ 2,046.18			
	Family	\$ 1,645.97	\$ 2,420.55	\$ 1,775.02	\$ 2,610.33			
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 855.82	\$ 1,258.56	\$ 879.05	\$ 1,292.73			
	Two-Party	\$ 2,079.63	\$ 3,058.29	\$ 2,136.10	\$ 3,141.33			
	Family	\$ 2,653.04	\$ 3,901.53	\$ 2,725.07	\$ 4,007.46			
DENTAL PLAN								
HDS Dental	Self	\$ 37.61	\$ 55.32	\$ 41.18	\$ 60.57			
	Two-Party	\$ 75.25	\$ 110.67	\$ 82.39	\$ 121.17			
	Family	\$ 123.74	\$ 181.98	\$ 123.58	\$ 181.74			
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.

EUTF Active COBRA 01/15/2025



Hawaii Employer – Union Health Benefits Trust Fund

HSTA VB Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2024 – 6/30/2025		7/1/2025 – 6/30/2026				
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA			
MEDICAL AND PRESCRIPTION DRUG PLANS								
HMSA 90/10 PPO Medical Plan	Self	\$ 691.45	\$ 1,016.85	\$ 715.30	\$ 1,051.92			
	Two-Party	\$ 1,676.96	\$ 2,466.12	\$ 1,734.85	\$ 2,551.26			
	Family	\$ 2,137.61	\$ 3,143.55	\$ 2,211.52	\$ 3,252.24			
HMSA 80/20 PPO Medical Plan	Self	\$ 561.00	\$ 825.00	\$ 554.28	\$ 815.13			
	Two-Party	\$ 1,360.45	\$ 2,000.67	\$ 1,344.31	\$ 1,976.94			
	Family	\$ 1,733.73	\$ 2,549.61	\$ 1,713.23	\$ 2,519.46			
CVS Caremark 90/10 and 80/20 PPO Prescription Drug Plan	Self	\$ 214.99	\$ 316.17	\$ 248.41	\$ 365.31			
	Two-Party	\$ 522.42	\$ 768.27	\$ 603.61	\$ 887.67			
	Family	\$ 665.59	\$ 978.81	\$ 769.03	\$ 1,130.94			
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 739.68	\$ 1,087.77	\$ 783.46	\$ 1,152.15			
	Two-Party	\$ 1,797.42	\$ 2,643.27	\$ 1,903.80	\$ 2,799.72			
	Family	\$ 2,293.00	\$ 3,372.06	\$ 2,428.72	\$ 3,571.65			
DENTAL PLAN								
HDS Dental	Self	\$ 41.26	\$ 60.69	\$ 46.59	\$ 68.52			
	Two-Party	\$ 82.53	\$ 121.38	\$ 93.20	\$ 137.07			
	Family	\$ 135.80	\$ 199.71	\$ 139.80	\$ 205.59			
HDS Supplemental Dental	Self	\$ 19.25	\$ 28.32	\$ 20.19	\$ 29.69			
	Two-Party	\$ 38.51	\$ 56.64	\$ 40.41	\$ 59.42			
	Family	\$ 57.77	\$ 84.96	\$ 60.60	\$ 89.12			
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.

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EUTF Active COBRA 01/15/2025