



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

Effective January 1, 2025 through December 31, 2025

Benefit Plan	Type of Enrollment	Regular COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE		
HMSA 90/10 PPO Medical Plan	Self	\$ 292.27
	Two-Party	\$ 569.50
	Family	\$ 844.33
Humana Medicare Advantage PPO Medical Plan	Self	\$ 54.79
	Two-Party (both Medicare)	\$ 109.58
	Three-Party (all Medicare)	\$ 164.38
SilverScript Prescription Drug Plan	Self	\$ 187.44
	Two-Party	\$ 365.00
	Family	\$ 541.17
Kaiser Permanente Senior Advantage Plan Medical and Prescription Drug Plan	Self	\$ 490.86
	Two-Party	\$ 957.18
	Family	\$ 1,418.59
MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE		
HMSA 90/10 PPO Medical Plan	Self	\$ 686.74
	Two-Party	\$ 1,338.15
	Family	\$ 1,983.79
CVS Caremark Prescription Drug Plan	Self	\$ 255.68
	Two-Party	\$ 497.98
	Family	\$ 738.33
Kaiser HMO Comprehensive Medical and Prescription Drug Plan	Self	\$ 804.51
	Two-Party	\$ 1,625.12
	Family	\$ 2,397.44
DENTAL PLAN		
HDS Dental	Self	\$ 47.67
	Two-Party	\$ 93.00
	Family	\$ 113.95
VISION PLAN		
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, 2025 through December 31, 2025

Benefit Plan	Type of Enrollment	Regular COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS - MEDICARE		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 297.94
	Two-Party	\$ 580.97
	Family	\$ 858.79
SilverScript Prescription Drug Plan	Self	\$ 251.98
	Two-Party	\$ 490.67
	Family	\$ 727.50
HMSA 90/10 PPO Medical and Chiropractic, SilverScript Prescription Drug, and VSP Vision Plans	Self	\$ 553.53
	Two-Party	\$ 1,078.88
	Family	\$ 1,596.00
Kaiser Permanente Senior Advantage Plan Medical, Chiropractic and Prescription Drug Plan	Self	\$ 497.63
	Two-Party	\$ 970.38
	Family	\$ 1,438.15
MEDICAL AND PRESCRIPTION DRUG PLANS – NON-MEDICARE		
HMSA 90/10 PPO Medical and Chiropractic Plan	Self	\$ 674.09
	Two-Party	\$ 1,313.59
	Family	\$ 1,945.03
CVS Caremark Prescription Drug Plan	Self	\$ 274.73
	Two-Party	\$ 535.08
	Family	\$ 793.34
HMSA 90/10 PPO Medical and Chiropractic, CVS Caremark Prescription Drug, and VSP Vision Plans	Self	\$ 952.43
	Two-Party	\$ 1,855.91
	Family	\$ 2,748.08
Kaiser HMO Comprehensive Medical, Chiropractic and Prescription Drug Plan	Self	\$ 789.01
	Two-Party	\$ 1,593.81
	Family	\$ 2,351.24
DENTAL PLAN		
HDS Dental	Self	\$ 57.09
	Two-Party	\$ 111.34
	Family	\$ 136.47
VISION PLAN		
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.