



Hawaii Employer – Union Health Benefits Trust Fund

EUTF Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2025 – 6/30/2026		7/1/2026 – 6/30/2027	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 835.46	\$ 1,228.62	\$ 898.74	\$ 1,321.68
	Two-Party	\$ 2,029.22	\$ 2,984.16	\$ 2,182.96	\$ 3,210.24
	Family	\$ 2,587.94	\$ 3,805.80	\$ 2,784.06	\$ 4,094.22
HMSA 80/20 PPO Medical Plan	Self	\$ 652.86	\$ 960.09	\$ 701.69	\$ 1,031.91
	Two-Party	\$ 1,585.46	\$ 2,331.57	\$ 1,704.09	\$ 2,506.02
	Family	\$ 2,021.80	\$ 2,973.24	\$ 2,173.11	\$ 3,195.75
CVS Caremark 90/10 PPO and 80/20 PPO Prescription Drug Plans	Self	\$ 255.57	\$ 375.84	\$ 299.20	\$ 440.01
	Two-Party	\$ 621.01	\$ 913.26	\$ 727.03	\$ 1,069.17
	Family	\$ 791.19	\$ 1,163.52	\$ 926.28	\$ 1,362.18
HMSA 75/25 PPO Medical Plan	Self	\$ 445.04	\$ 654.48	\$ 487.56	\$ 717.00
	Two-Party	\$ 1,080.46	\$ 1,588.92	\$ 1,183.75	\$ 1,740.81
	Family	\$ 1,377.44	\$ 2,025.66	\$ 1,509.23	\$ 2,219.46
CVS Caremark 75/25 PPO Prescription Drug Plan	Self	\$ 152.77	\$ 224.67	\$ 160.77	\$ 236.43
	Two-Party	\$ 371.21	\$ 545.91	\$ 390.66	\$ 574.50
	Family	\$ 472.95	\$ 695.52	\$ 497.71	\$ 731.94
HMSA HMO Medical Plan	Self	\$ 961.61	\$ 1,414.14	\$ 1,034.76	\$ 1,521.72
	Two-Party	\$ 2,335.94	\$ 3,435.21	\$ 2,513.79	\$ 3,696.75
	Family	\$ 2,979.17	\$ 4,381.14	\$ 3,205.98	\$ 4,714.68
CVS Caremark HMO Prescription Drug Plan	Self	\$ 255.57	\$ 375.84	\$ 299.20	\$ 440.01
	Two-Party	\$ 621.01	\$ 913.26	\$ 727.03	\$ 1,069.17
	Family	\$ 791.19	\$ 1,163.52	\$ 926.28	\$ 1,362.18
HMSA 90/10 PPO Medical and CVS Caremark 90/10 PPO Prescription Drug Plans	Self	\$ 1,091.03	\$ 1,604.46	\$ 1,197.94	\$ 1,761.69
	Two-Party	\$ 2,650.23	\$ 3,897.42	\$ 2,909.99	\$ 4,279.41
	Family	\$ 3,379.13	\$ 4,969.32	\$ 3,710.34	\$ 5,456.40
HMSA 80/20 PPO Medical and CVS Caremark 80/20 PPO Prescription Drug Plans	Self	\$ 908.43	\$ 1,335.93	\$ 1,000.89	\$ 1,471.92
	Two-Party	\$ 2,206.47	\$ 3,244.83	\$ 2,431.12	\$ 3,575.19
	Family	\$ 2,812.99	\$ 4,136.76	\$ 3,099.39	\$ 4,557.93
HMSA 75/25 PPO Medical and CVS Caremark 75/25 PPO Prescription Drug Plans	Self	\$ 597.81	\$ 879.15	\$ 648.33	\$ 953.43
	Two-Party	\$ 1,451.67	\$ 2,134.83	\$ 1,574.41	\$ 2,315.31
	Family	\$ 1,850.39	\$ 2,721.18	\$ 2,006.94	\$ 2,951.40
HMSA HMO Medical and CVS Caremark HMO Prescription Drug Plans	Self	\$ 1,217.18	\$ 1,789.98	\$ 1,333.96	\$ 1,961.73
	Two-Party	\$ 2,956.95	\$ 4,348.47	\$ 3,240.82	\$ 4,765.92
	Family	\$ 3,770.36	\$ 5,544.66	\$ 4,132.26	\$ 6,076.86
Kaiser Permanente Comprehensive HMO Medical and Prescription Drug Plan	Self	\$ 879.05	\$ 1,292.73	\$ 904.63	\$ 1,330.35
	Two-Party	\$ 2,136.10	\$ 3,141.33	\$ 2,198.26	\$ 3,232.74
	Family	\$ 2,725.07	\$ 4,007.46	\$ 2,804.36	\$ 4,124.07
Kaiser Permanente Standard HMO Medical and Prescription Drug Plan	Self	\$ 572.58	\$ 842.04	\$ 618.58	\$ 909.68
	Two-Party	\$ 1,391.40	\$ 2,046.18	\$ 1,503.13	\$ 2,210.49
	Family	\$ 1,775.02	\$ 2,610.33	\$ 1,917.57	\$ 2,819.97
DENTAL PLAN					
HDS Dental Plan	Self	\$ 43.57	\$ 64.08	\$ 44.08	\$ 64.83
	Two-Party	\$ 87.16	\$ 128.19	\$ 88.16	\$ 129.66
	Family	\$ 130.66	\$ 192.15	\$ 132.25	\$ 194.49
VISION PLAN					
VSP Vision Plan	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.



Hawaii Employer – Union Health Benefits Trust Fund
HSTA VB Monthly Active COBRA Premiums

Benefit Plan	Type of Enrollment	7/1/2025 – 6/30/2026		7/1/2026 – 6/30/2027	
		Regular COBRA	Disability COBRA	Regular COBRA	Disability COBRA
MEDICAL AND PRESCRIPTION DRUG PLANS					
HMSA 90/10 PPO Medical Plan	Self	\$ 715.30	\$ 1,051.92	\$ 766.59	\$ 1,127.34
	Two-Party	\$ 1,734.85	\$ 2,551.26	\$ 1,859.21	\$ 2,734.14
	Family	\$ 2,211.52	\$ 3,252.24	\$ 2,370.07	\$ 3,485.40
HMSA 80/20 PPO Medical Plan	Self	\$ 554.28	\$ 815.13	\$ 582.13	\$ 856.08
	Two-Party	\$ 1,344.31	\$ 1,976.94	\$ 1,411.84	\$ 2,076.24
	Family	\$ 1,713.23	\$ 2,519.46	\$ 1,799.28	\$ 2,646.00
CVS Caremark 90/10 PPO and 80/20 PPO Prescription Drug Plans	Self	\$ 248.41	\$ 365.31	\$ 270.81	\$ 398.25
	Two-Party	\$ 603.61	\$ 887.67	\$ 658.04	\$ 967.71
	Family	\$ 769.03	\$ 1,130.94	\$ 838.37	\$ 1,232.91
HMSA 90/10 PPO Medical and CVS Caremark 90/10 PPO Prescription Drug Plans	Self	\$ 963.71	\$ 1,417.23	\$ 1,037.40	\$ 1,525.59
	Two-Party	\$ 2,338.46	\$ 3,438.93	\$ 2,517.25	\$ 3,701.85
	Family	\$ 2,980.55	\$ 4,383.18	\$ 3,208.44	\$ 4,718.31
HMSA 80/20 PPO Medical and CVS Caremark 80/20 PPO Prescription Drug Plans	Self	\$ 802.69	\$ 1,180.44	\$ 852.94	\$ 1,254.33
	Two-Party	\$ 1,947.92	\$ 2,864.61	\$ 2,069.88	\$ 3,043.95
	Family	\$ 2,482.26	\$ 3,650.40	\$ 2,637.65	\$ 3,878.91
Kaiser Permanente Comprehensive HMO Medical and Prescription Drug Plan	Self	\$ 783.46	\$ 1,152.15	\$ 832.44	\$ 1,224.18
	Two-Party	\$ 1,903.80	\$ 2,799.72	\$ 2,022.84	\$ 2,974.77
	Family	\$ 2,428.72	\$ 3,571.65	\$ 2,580.55	\$ 3,794.94
DENTAL PLAN					
HDS Dental	Self	\$ 49.16	\$ 72.30	\$ 52.50	\$ 77.22
	Two-Party	\$ 98.34	\$ 144.63	\$ 105.06	\$ 154.50
	Family	\$ 147.45	\$ 216.84	\$ 157.52	\$ 231.66
HDS Supplemental Dental	Self	\$ 21.29	\$ 31.32	\$ 21.25	\$ 31.26
	Two-Party	\$ 42.61	\$ 62.67	\$ 42.53	\$ 62.55
	Family	\$ 63.91	\$ 93.99	\$ 63.79	\$ 93.81
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.