

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES FOR SUBSIDY ELIGIBLE QUALIFIED BENEFICIARIES
EMPLOYEES WHO WERE INVOLUNTARILY TERMINATED
EFFECTIVE JANUARY 1, 2010
ACTIVE EMPLOYEES
BU12

Benefit Plan	Type of Enrollment	Total COBRA Premium	Employee Portion (35%)	Employer Portion (65%)
MEDICAL PLANS				
EUTF PPO (HMA) - 90/10 Plan	Self	\$256.37	\$89.73	\$166.64
	Two-Party	\$641.58	\$224.55	\$417.03
	Family	\$832.42	\$291.35	\$541.07
EUTF PPO (HMSA) - 80/20 Plan	Self	\$248.01	\$86.80	\$161.21
	Two-Party	\$620.63	\$217.22	\$403.41
	Family	\$805.27	\$281.84	\$523.43
EUTF Prescription Drug (informedRx)	Self	\$44.10	\$15.43	\$28.67
	Two-Party	\$110.26	\$38.59	\$71.67
	Family	\$143.09	\$50.08	\$93.01
EUTF HMO (HMSA) Prescription Drug	Self	\$340.76	\$119.27	\$221.49
	Two-Party	\$852.78	\$298.47	\$554.31
	Family	\$1,106.43	\$387.25	\$719.18
Kaiser Comprehensive Prescription Drug	Self	\$261.14	\$91.40	\$169.74
	Two-Party	\$651.62	\$228.07	\$423.55
	Family	\$845.48	\$295.92	\$549.56
Kaiser Basic Prescription Drug	Self	\$231.23	\$80.93	\$150.30
	Two-Party	\$576.87	\$201.89	\$374.98
	Family	\$748.58	\$262.00	\$486.58
EUTF Supplemental (HMSA)	Self	\$133.54	\$46.73	\$86.80
	Two-Party	\$336.78	\$117.87	\$218.91
	Family	\$443.70	\$155.31	\$288.41
Royal State Supplemental Prescription Drug	Self	\$56.28	\$19.70	\$36.58
	Two-Party	\$139.60	\$48.86	\$90.74
	Family	\$157.43	\$55.10	\$102.33
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$285.17	\$99.81	\$185.36
	Two-Party	\$714.59	\$250.11	\$464.48
	Family	\$928.42	\$324.95	\$603.47
DENTAL PLAN				
HDS Dental	Self	\$31.40	\$10.99	\$20.41
	Two-Party	\$62.81	\$21.98	\$40.83
	Family	\$103.37	\$36.18	\$67.19
VISION PLAN				
VSP Vision	Self	\$6.16	\$2.16	\$4.00
	Two-Party	\$11.40	\$3.99	\$7.41
	Family	\$14.91	\$5.22	\$9.69
CHIROPRACTIC				
RSN Chiropractic	Self	\$1.47	\$0.52	\$0.95
	Two-Party	\$2.94	\$1.03	\$1.91
	Family	\$3.12	\$1.09	\$2.03