

COBRA MONTHLY HEALTH INSURANCE PREMIUMS

PLAN YEAR: JULY 1, 2025 – JUNE 30, 2026

COBRA MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Coverage Tier	COBRA (102% total monthly premium)
HMSA Comprehensive Medical Basic Guide to Benefits Summary of Benefits & Coverages (SBC)	Employee	\$719.30
	2-Party	\$1,438.58
	Family (3+)	\$2,518.65
HMSA Comprehensive Medical Guide to Benefits Summary of Benefits & Coverages (SBC)	Employee	\$825.08
	2-Party	\$1,650.09
	Family (3+)	\$2,888.79
HMSA Preferred Provider Guide to Benefits Summary of Benefits & Coverages (SBC)	Employee	\$1,043.04
	2-Party	\$2,086.09
	Family (3+)	\$3,651.85
HMSA HMO In-Network: limited to Hawai'i Locations Guide to Benefits Summary of Benefits & Coverages (SBC)	Employee	\$955.56
	2-Party	\$1,911.18
	Family (3+)	\$3,345.61
Kaiser HMO Standard - Plan A In-Network: limited to Hawai'i Locations Benefit & Payment Chart Summary of Benefits & Coverages (SBC)	Employee	\$519.47
	2-Party	\$1,038.94
	Family (3+)	\$1,818.13
Kaiser HMO Comprehensive - Plan B In-Network: limited to Hawai'i Locations Benefit & Payment Chart Summary of Benefits & Coverages (SBC)	Employee	\$602.41
	2-Party	\$1,204.81
	Family (3+)	\$2,108.42

COBRA DENTAL PLAN	Coverage Tier	COBRA (102% total monthly premium)
Hawaii Dental Service Summary of Benefits & Coverages (SBC)	Employee	\$34.75
	2-Party	\$69.49
	Family (3+)	\$114.19

COBRA Premiums are paid directly to the carriers (HMSA, Kaiser, HDS) and not to RCUH.

Contact RCUH Employee Benefits Section at rcuh_benefits@rcuh.com or (808) 956-7055.