



RCUH COBRA MONTHLY PREMIUMS FOR JULY 1, 2024 – JUNE 30, 2025

COBRA MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Coverage Tier	COBRA (102% total monthly premium)
HMSA Comprehensive Medical Basic	Single	\$658.11
	2-Party	\$1,316.19
	Family (3+)	\$2,304.27
HMSA Comprehensive Medical	Single	\$755.78
	2-Party	\$1,511.48
	Family (3+)	\$2,646.05
HMSA Preferred Provider	Single	\$957.16
	2-Party	\$1,914.30
	Family (3+)	\$3,351.05
HMSA HMO Hawai'i Residents Only	Single	\$876.10
	2-Party	\$1,752.24
	Family (3+)	\$3,067.26
Kaiser HMO Standard - Plan A Hawai'i Residents Only	Single	\$508.30
	2-Party	\$1,016.61
	Family (3+)	\$1,779.07
Kaiser HMO Comprehensive - Plan B Hawai'i Residents Only	Single	\$589.46
	2-Party	\$1,178.91
	Family (3+)	\$2,063.10

COBRA DENTAL PLAN	Coverage Tier	COBRA (102% total monthly premium)
Hawaii Dental Service	Single	\$36.01
	2-Party	\$72.01
	Family (3+)	\$118.33

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



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COBRA MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Coverage Tier	COBRA (102% total monthly premium)
HMSA Comprehensive Medical Basic (ACA Plan – Outside Hawai'i) (COMP B)	Single	\$597.46
	2-Party	\$1,194.91
	Family (3+)	\$2,091.82
HMSA Comprehensive Medical (COMP)	Single	\$685.63
	2-Party	\$1,371.18
	Family (3+)	\$2,400.31
HMSA Preferred Provider (PPO)	Single	\$867.43
	2-Party	\$1,734.86
	Family (3+)	\$3,036.80
HMSA HMO Hawai'i Residents Only (HPH – former Health Plan Hawai'i Plus)	Single	\$794.18
	2-Party	\$1,588.37
	Family (3+)	\$2,780.29
Kaiser HMO Standard - Plan A (ACA Plan – Hawai'i Residents) Hawai'i Residents Only (PLAN A)	Single	\$508.30
	2-Party	\$1,016.61
	Family (3+)	\$1,779.07
Kaiser HMO Comprehensive - Plan B Hawai'i Residents Only (PLAN B)	Single	\$589.46
	2-Party	\$1,178.91
	Family (3+)	\$2,063.10

COBRA DENTAL PLAN	Coverage Tier	COBRA (102% total monthly premium)
Hawaii Dental Service (HDS)	Single	\$36.01
	2-Party	\$72.01
	Family (3+)	\$118.33

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