



**COBRA Monthly Medical, Dental and Vision Rates  
Plan Year: 01/01/2026 – 12/31/2026**

| COBRA Coverage Election  | Hawaii     |            |
|--|------------|------------|
|  | HMSA HMO   | HMSA PPO   |
| Employee Only  | \$650.07   | \$657.51   |
| Employee plus Spouse/Domestic Partner                          | \$1,487.65 | \$1,504.70 |
| Employee or Spouse/Domestic Partner plus Children              | \$1,233.73 | \$1,247.89 |
| Employee plus Family (Spouse or Domestic Partner)              | \$2,072.68 | \$2,096.45 |
| Spouse Only (Domestic Partner Eligible)                        | \$650.07   | \$657.51   |
| Child(ren) Only (Domestic Partner Eligible) – <i>Per Child</i> | \$650.07   | \$657.51   |

| COBRA Coverage Election  | Dental      |              | Vision  |
|--|-------------|--------------|---------|
|  | PPO Network | Open Network |         |
| Employee Only  | \$29.41     | \$52.94      | \$7.73  |
| Employee plus Spouse/Domestic Partner                          | \$54.41     | \$97.93      | \$13.26 |
| Employee or Spouse/Domestic Partner plus Children              | \$64.70     | \$116.45     | \$13.26 |
| Employee plus Family (Spouse or Domestic Partner)              | \$89.70     | \$161.45     | \$20.99 |
| Spouse Only (Domestic Partner Eligible)                        | \$29.41     | \$52.94      | \$7.73  |
| Child(ren) Only (Domestic Partner Eligible) – <i>Per Child</i> | \$29.41     | \$52.94      | \$7.73  |