RCUH Research Corporation of the University of Hawai'i *'Ahahuina Noi'i O Ke Kulanui O Hawai'i*

Monthly Health Insurance Premiums

Plan Year: July 1, 2026 – June 30, 2027

Monthly health insurance premiums are deducted in the second pay period each month (16th-end of the month) for the following month's coverage. Please review the RCUH Guide to Benefits, Medical Plan Comparison, and Active Employee Benefits page for coverage information and key information about our health insurance plans.

Medical Plans (Includes Drug, Vision, & Chiropractic)	Coverage Tier	Employee Cost	Employer Cost	Total Cost
HMSA Medical Plans				
HMSA Comprehensive Medical Basic	Single	**$270.50**	$405.74	$676.24
	2-Party	**$540.97**	$811.45	$1,352.42
	Family (3+)	**$947.09**	$1,420.63	$2,367.72
HMSA Comprehensive Medical	Single	**$309.64**	$464.46	$774.10
	2-Party	**$619.24**	$928.86	$1,548.10
	Family (3+)	**$1,084.06**	$1,626.08	$2,710.14
HMSA Preferred Provider	Single	**$390.31**	$585.47	$975.78
	2-Party	**$780.63**	$1,170.95	$1,951.58
	Family (3+)	**$1,366.50**	$2,049.76	$3,416.26
HMSA HMO (In-Network: Limited to Hawaii Locations Only)	Single	**$357.89**	$536.83	$894.72
	2-Party	**$715.79**	$1,073.69	$1,789.48
	Family (3+)	**$1,252.98**	$1,879.48	$3,132.46
Kaiser Medical Plans				
Kaiser Standard – Plan A (In-Network: Limited to Hawaii Locations Only)	Single	**$203.71**	$305.57	$509.28
	2-Party	**$407.42**	$611.14	$1,018.56
	Family (3+)	**$712.99**	$1,069.49	$1,782.48
Kaiser Comprehensive – Plan B (In-Network: Limited to Hawaii Locations Only)	Single	**$236.24**	$354.35	$590.59
	2-Party	**$472.47**	$708.71	$1,181.18
	Family (3+)	**$826.83**	$1,240.24	$2,067.07

Dental Plan	Coverage Tier	Employee Cost	Employer Cost	Total Cost
Hawaii Dental Service	Single	**$13.29**	$19.93	$33.22
	2-Party	**$26.57**	$39.86	$66.43
	Family (3+)	**$43.66**	$65.49	$109.15