

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 | | | | |
| 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 |

MONTHLY HEALTH INSURANCE PREMIUMS

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

| MEDICAL PLANS (Includes: Drug, Vision, Chiropractic) | Plan Type | Coverage Tier | Employee Cost | Employer Cost | TOTAL Cost |
|--|---|---------------|-------------------|---------------|------------|
| HMSA Comprehensive Medical Basic RCUH ACA Plan (Outside Hawai'i) Guide to Benefits Summary of Benefits & Coverages (SBC) | PPO Plan Type | Employee | \$282.09 | \$423.13 | \$705.22 |
| | | 2-Party | \$564.16 | \$846.24 | \$1,410.40 |
| | | Family (3+) | \$987.71 | \$1,481.57 | \$2,469.28 |
| HMSA Comprehensive Medical Guide to Benefits Summary of Benefits & Coverages (SBC) | PPO Plan Type | Employee | \$323.57 | \$485.35 | \$808.92 |
| | | 2-Party | \$647.10 | \$970.66 | \$1,617.76 |
| | | Family (3+) | \$1,132.86 | \$1,699.30 | \$2,832.16 |
| HMSA Preferred Provider Guide to Benefits Summary of Benefits & Coverages (SBC) | PPO Plan Type | Employee | \$409.04 | \$613.56 | \$1,022.60 |
| | | 2-Party | \$818.08 | \$1,227.12 | \$2,045.20 |
| | | Family (3+) | \$1,432.10 | \$2,148.16 | \$3,580.26 |
| HMSA HMO In-Network: limited to Hawai'i locations Guide to Benefits Summary of Benefits & Coverages (SBC) | HMO Plan Type In-Network limited | Employee | \$374.74 | \$562.10 | \$936.84 |
| | | 2-Party | \$749.49 | \$1,124.23 | \$1,873.72 |
| | | Family (3+) | \$1,312.01 | \$1,968.01 | \$3,280.02 |
| Kaiser HMO Standard - Plan A RCUH ACA Plan (Default) In-Network: limited to Hawai'i locations Benefit & Payment Chart Summary of Benefits & Coverages (SBC) | HMO Plan Type In-Network limited | Employee | \$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 HMO Comprehensive - Plan B In-Network: limited to Hawai'i locations Benefit & Payment Chart Summary of Benefits & Coverages (SBC) | HMO Plan Type In-Network limited | Employee | \$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 |

[Link to: Medical Plan Comparison Chart](#)

| DENTAL PLAN | Coverage Tier | Employee Cost | Employer Cost | TOTAL Cost |
|---|---------------|----------------|---------------|------------|
| Hawaii Dental Service Summary of Benefits & Coverages (SBC) | Employee | \$13.63 | \$20.44 | \$34.07 |
| | 2-Party | \$27.25 | \$40.88 | \$68.13 |
| | Family (3+) | \$44.78 | \$67.17 | \$111.95 |

Monthly Premiums for medical and dental plans are collected the pay period prior to the coverage month. (For example, July premiums are collected during the June 16-30th pay period and reflected on the July 7th pay statement).