

MEDICAL PLANS		Premium Cost		
		Employee	Employer	Total (EE + ER)
HMSA Preferred Provider Plan (Includes: Drug, Vision, Chiropractic)	Single Plan	\$225.12	\$337.68	\$562.80
	2-Party Plan	\$450.18	\$675.26	\$1,125.44
	3+ Family Plan	\$778.28	\$1,167.42	\$1,945.70
HMSA Comprehensive Medical Plan (Includes: Drug, Vision, Chiropractic)	Single Plan	\$188.95	\$283.43	\$472.38
	2-Party Plan	\$377.87	\$566.81	\$944.68
	3+ Family Plan	\$653.20	\$979.80	\$1,633.00
HMSA Health Plan Hawai'i Plus (Includes: Drug, Vision, Chiropractic)	Single Plan	\$215.57	\$323.35	\$538.92
	2-Party Plan	\$431.09	\$646.63	\$1,077.72
	3+ Family Plan	\$745.27	\$1,117.91	\$1,863.18
HMSA Health Plan Hawai'i Basic (Includes: Drug, Vision, Chiropractic)	Single Plan	\$190.34	\$285.50	\$475.84
	2-Party Plan	\$380.65	\$570.97	\$951.62
	3+ Family Plan	\$658.02	\$987.02	\$1,645.04
Kaiser Plan A (Includes: Drug, Vision, Chiropractic)	Single Plan	\$168.07	\$252.11	\$420.18
	2-Party Plan	\$336.14	\$504.22	\$840.36
	3+ Family Plan	\$581.53	\$872.30	\$1,453.83
Kaiser Plan B (Includes: Drug, Vision, Chiropractic)	Single Plan	\$193.41	\$290.11	\$483.52
	2-Party Plan	\$386.82	\$580.22	\$967.04
	3+ Family Plan	\$669.19	\$1,003.79	\$1,672.98
DENTAL PLAN				
Hawaii Dental Service (HDS) Plan	Single Plan	\$13.42	\$20.13	\$33.55
	2-Party Plan	\$26.84	\$40.26	\$67.10
	3+ Family Plan	\$44.10	\$66.15	\$110.25