

<b>MEDICAL PLANS</b>		<b>Premium Cost</b>		
		<b>Employee</b>	<b>Employer</b>	<b>Total (EE + ER)</b>
<b>HMSA Preferred Provider Plan</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$225.12</b>	\$337.68	\$562.80
	2-Party Plan	<b>\$450.18</b>	\$675.26	\$1,125.44
	3+ Family Plan	<b>\$778.28</b>	\$1,167.42	\$1,945.70
<b>HMSA Comprehensive Medical Plan</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$188.95</b>	\$283.43	\$472.38
	2-Party Plan	<b>\$377.87</b>	\$566.81	\$944.68
	3+ Family Plan	<b>\$653.20</b>	\$979.80	\$1,633.00
<b>HMSA Health Plan Hawai'i Plus</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$215.57</b>	\$323.35	\$538.92
	2-Party Plan	<b>\$431.09</b>	\$646.63	\$1,077.72
	3+ Family Plan	<b>\$745.27</b>	\$1,117.91	\$1,863.18
<b>HMSA Health Plan Hawai'i Basic</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$190.34</b>	\$285.50	\$475.84
	2-Party Plan	<b>\$380.65</b>	\$570.97	\$951.62
	3+ Family Plan	<b>\$658.02</b>	\$987.02	\$1,645.04
<b>Kaiser Plan A</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$179.84</b>	\$269.76	\$449.60
	2-Party Plan	<b>\$359.68</b>	\$539.52	\$899.20
	3+ Family Plan	<b>\$622.24</b>	\$933.36	\$1555.60
<b>Kaiser Plan B</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$206.95</b>	\$310.42	\$517.37
	2-Party Plan	<b>\$413.90</b>	\$620.85	\$1034.75
	3+ Family Plan	<b>\$716.04</b>	\$1074.07	\$1790.11
<b>DENTAL PLAN</b>				
<b>Hawaii Dental Service (HDS) Plan</b>	Single Plan	<b>\$14.12</b>	\$21.19	\$35.31
	2-Party Plan	<b>\$28.24</b>	\$42.36	\$70.60
	3+ Family Plan	<b>\$46.40</b>	\$69.61	\$116.01