

| 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 Comprehensive Medical Plan - Basic (Includes: Drug, Vision, Chiropractic) | Single Plan | \$171.70 | \$257.54 | \$429.24 |
| | 2-Party Plan | \$343.36 | \$515.04 | \$858.40 |
| | 3+ Family Plan | \$593.50 | \$890.24 | \$1,483.74 |
| 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 | \$179.84 | \$269.76 | \$449.60 |
| | 2-Party Plan | \$359.68 | \$539.52 | \$899.20 |
| | 3+ Family Plan | \$622.24 | \$933.36 | \$1,555.60 |
| Kaiser Plan B (Includes: Drug, Vision, Chiropractic) | Single Plan | \$206.95 | \$310.42 | \$517.37 |
| | 2-Party Plan | \$413.90 | \$620.85 | \$1,034.75 |
| | 3+ Family Plan | \$716.04 | \$1,074.07 | \$1,790.11 |
| DENTAL PLAN | | | | |
| Hawaii Dental Service (HDS) Plan | Single Plan | \$14.12 | \$21.19 | \$35.31 |
| | 2-Party Plan | \$28.24 | \$42.36 | \$70.60 |
| | 3+ Family Plan | \$46.40 | \$69.61 | \$116.01 |