

MEDICAL PLANS		Premium Cost		
		Employee	Employer	Total (EE + ER)
<b>HMSA Preferred Provider Plan</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$247.90</b>	\$371.86	\$619.76
	2-Party Plan	<b>\$495.80</b>	\$743.70	\$1,239.50
	3+ Family Plan	<b>\$867.10</b>	\$1,300.64	\$2,167.74
<b>HMSA Comprehensive Medical Plan</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$208.30</b>	\$312.44	\$520.74
	2-Party Plan	<b>\$416.58</b>	\$624.86	\$1,041.44
	3+ Family Plan	<b>\$728.45</b>	\$1,092.67	\$1,821.12
<b>HMSA Comprehensive Medical Plan - Basic</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$182.57</b>	\$273.85	\$456.42
	2-Party Plan	<b>\$365.12</b>	\$547.68	\$912.80
	3+ Family Plan	<b>\$638.41</b>	\$957.61	\$1,596.02
<b>HMSA Health Plan Hawai'i Plus</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$237.62</b>	\$356.42	\$594.04
	2-Party Plan	<b>\$475.22</b>	\$712.84	\$1,188.06
	3+ Family Plan	<b>\$831.09</b>	\$1,246.63	\$2,077.72
<b>HMSA Health Plan Hawai'i Basic</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$210.05</b>	\$315.07	\$525.12
	2-Party Plan	<b>\$420.10</b>	\$630.14	\$1,050.24
	3+ Family Plan	<b>\$734.71</b>	\$1,102.07	\$1,836.78
<b>Kaiser Plan A</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$195.42</b>	\$293.14	\$488.56
	2-Party Plan	<b>\$390.85</b>	\$586.28	\$977.13
	3+ Family Plan	<b>\$683.99</b>	\$1,025.99	\$1,709.98
<b>Kaiser Plan B</b> (Includes: Drug, Vision, Chiropractic)	Single Plan	<b>\$226.63</b>	\$339.94	\$566.57
	2-Party Plan	<b>\$453.25</b>	\$679.88	\$1,133.13
	3+ Family Plan	<b>\$793.13</b>	\$1,189.79	\$1,982.98
<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