

RCUH MONTHLY PREMIUMS FOR JULY 1, 2021 – JUNE 30, 2022

MEDICAL PLANS	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
HMSA Preferred Provider (Includes: Drug, Vision, Chiropractic)	Single Plan	\$258.44	\$387.66	\$646.10
	2-Party Plan	\$516.88	\$775.32	\$1,292.20
	3+ Family Plan	\$904.54	\$1,356.82	\$2,261.36
HMSA Comprehensive Medical (Includes: Drug, Vision, Chiropractic)	Single Plan	\$216.42	\$324.64	\$541.06
	2-Party Plan	\$432.84	\$649.26	\$1,082.10
	3+ Family Plan	\$757.47	\$1,136.21	\$1,893.68
HMSA Comprehensive Medical Basic (ACA Plan) (Includes: Drug, Vision, Chiropractic)	Single Plan	\$189.69	\$284.53	\$474.22
	2-Party Plan	\$379.38	\$569.06	\$948.44
	3+ Family Plan	\$663.91	\$995.87	\$1,659.78
HMSA Health Plan Hawai'i Plus (Includes: Drug, Vision, Chiropractic)	Single Plan	\$247.72	\$371.58	\$619.30
	2-Party Plan	\$495.43	\$743.15	\$1,238.58
	3+ Family Plan	\$867.00	\$1,300.50	\$2,167.50
HMSA Health Plan Hawai'i Basic (Includes: Drug, Vision, Chiropractic)	Single Plan	\$217.82	\$326.74	\$544.56
	2-Party Plan	\$435.65	\$653.47	\$1,089.12
	3+ Family Plan	\$762.38	\$1,143.58	\$1,905.96
Kaiser Plan A (Includes: Drug, Vision, Chiropractic)	Single Plan	\$199.33	\$299.00	\$498.33
	2-Party Plan	\$398.67	\$598.00	\$996.67
	3+ Family Plan	\$697.67	\$1,046.51	\$1,744.18
Kaiser Plan B (Includes: Drug, Vision, Chiropractic)	Single Plan	\$231.16	\$346.74	\$577.90
	2-Party Plan	\$462.32	\$693.47	\$1,155.79
	3+ Family Plan	\$809.05	\$1,213.59	\$2,022.64

DENTAL PLAN	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
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

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 stub).