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RCUH MONTHLY PREMIUMS FOR JULY 1, 2022 – JUNE 30, 2023

MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
HMSA Preferred Provider (PPO)	Single Plan	**$299.39**	$449.09	$748.48
	2-Party Plan	**$598.77**	$898.15	$1,496.92
	3+ Family Plan	**$1,047.98**	$1,571.98	$2,619.96
HMSA Comprehensive Medical (Comp)	Single Plan	**$238.10**	$357.14	$595.24
	2-Party Plan	**$476.16**	$714.24	$1,190.40
	3+ Family Plan	**$833.39**	$1,250.09	$2,083.48
HMSA Comprehensive Medical Basic (ACA Plan – Outside Hawai'i) (Comp B)	Single Plan	**$208.26**	$312.40	$520.66
	2-Party Plan	**$416.51**	$624.77	$1,041.28
	3+ Family Plan	**$729.02**	$1,093.52	$1,822.54
HMSA Health Plan Hawai'i Plus Hawai'i Residents Only (HPH)	Single Plan	**$274.70**	$412.06	$686.76
	2-Party Plan	**$549.39**	$824.09	$1,373.48
	3+ Family Plan	**$961.53**	$1,442.29	$2,403.82
HMSA Health Plan Hawai'i Basic Hawai'i Residents Only (HNP)	Single Plan	**$237.20**	$355.80	$593.00
	2-Party Plan	**$474.39**	$711.59	$1,185.98
	3+ Family Plan	**$830.28**	$1,245.42	$2,075.70
Kaiser Plan A (ACA Plan – Hawai'i Residents) Hawai'i Residents Only (PLANA)	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 Hawai'i Residents Only (PLANB)	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).

Updated: 04/25/2022

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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).

Updated: 05/03/2021