



RCUH MONTHLY HEALTH INSURANCE PREMIUMS: JULY 1, 2024 – JUNE 30, 2025

MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Plan Type	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
HMSA Comprehensive Medical Basic	PPO Plan Type	Single	\$258.09	\$387.13	\$645.22
		2-Party	\$516.16	\$774.24	\$1,290.40
		Family (3+)	\$903.64	\$1,355.46	\$2,259.10
HMSA Comprehensive Medical	PPO Plan Type	Single	\$296.39	\$444.59	\$740.98
		2-Party	\$592.74	\$889.12	\$1,481.86
		Family (3+)	\$1,037.67	\$1,556.51	\$2,594.18
HMSA Preferred Provider	PPO Plan Type	Single	\$375.36	\$563.04	\$938.40
		2-Party	\$750.71	\$1,126.07	\$1,876.78
		Family (3+)	\$1,314.14	\$1,971.22	\$3,285.36
HMSA HMO Hawai'i Residents Only	HMO Plan Type	Single	\$343.58	\$515.36	\$858.94
		2-Party	\$687.16	\$1,030.74	\$1,717.90
		Family (3+)	\$1,202.86	\$1,804.28	\$3,007.14
Kaiser HMO Standard - Plan A Hawai'i Residents Only	HMO Plan Type	Single	\$199.33	\$299.00	\$498.33
		2-Party	\$398.67	\$598.00	\$996.67
		Family (3+)	\$697.67	\$1,046.51	\$1,744.18
Kaiser HMO Comprehensive - Plan B Hawai'i Residents Only	HMO Plan Type	Single	\$231.16	\$346.74	\$577.90
		2-Party	\$462.32	\$693.47	\$1,155.79
		Family (3+)	\$809.05	\$1,213.59	\$2,022.64

DENTAL PLAN	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
Hawaii Dental Service	Single	\$14.12	\$21.19	\$35.31
	2-Party	\$28.24	\$42.36	\$70.60
	Family (3+)	\$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).



RCUH MONTHLY PREMIUMS FOR JULY 1, 2023 – JUNE 30, 2024

MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Plan Type	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
HMSA Comprehensive Medical Basic (ACA Plan – Outside Hawai'i) (COMP B)	PPO (Preferred Provider Organization)	Single	\$234.30	\$351.46	\$585.76
		2-Party	\$468.60	\$702.90	\$1,171.50
		Family (3+)	\$820.33	\$1,230.49	\$2,050.82
HMSA Comprehensive Medical (COMP)	PPO (Preferred Provider Organization)	Single	\$268.88	\$403.32	\$672.20
		2-Party	\$537.73	\$806.59	\$1,344.32
		Family (3+)	\$941.30	\$1,411.96	\$2,353.26
HMSA Preferred Provider (PPO)	PPO (Preferred Provider Organization)	Single	\$340.18	\$510.26	\$850.44
		2-Party	\$680.34	\$1,020.52	\$1,700.86
		Family (3+)	\$1,190.91	\$1,786.37	\$2,977.28
HMSA HMO Hawai'i Residents Only (HPH – former Health Plan Hawai'i Plus)	HMO (Health Maintenance Organization)	Single	\$311.45	\$467.17	\$778.62
		2-Party	\$622.90	\$934.34	\$1,557.24
		Family (3+)	\$1,090.32	\$1,635.48	\$2,725.80
Kaiser HMO Standard - Plan A (ACA Plan – Hawai'i Residents) Hawai'i Residents Only (PLANA)	HMO (Health Maintenance Organization)	Single	\$199.33	\$299.00	\$498.33
		2-Party	\$398.67	\$598.00	\$996.67
		Family (3+)	\$697.67	\$1,046.51	\$1,744.18
Kaiser HMO Comprehensive - Plan B Hawai'i Residents Only (PLANB)	HMO (Health Maintenance Organization)	Single	\$231.16	\$346.74	\$577.90
		2-Party	\$462.32	\$693.47	\$1,155.79
		Family (3+)	\$809.05	\$1,213.59	\$2,022.64

DENTAL PLAN	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE + ER)
Hawaii Dental Service (HDS)	Single	\$14.12	\$21.19	\$35.31
	2-Party	\$28.24	\$42.36	\$70.60
	Family (3+)	\$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).