American Lung Association.

2027 INSURANCE RATES - HAWAII

HMSA Medical Premiums

HMSA PPP

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$1,190.16	$1,011.64	$178.52 (or 1.5% of earnings, if less)	$89.26 (or half of monthly share)
Two-Party Plan*	$2,380.32	$1,547.22	$833.10	$416.55
Employee + Family*	$3,570.48	$2,320.82	$1,249.66	$624.83

HMSA HPH

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$1,175.30	$999.00	$176.30 (or 1.5% of earnings, if less)	$88.15 (or half of monthly share)
Two-Party Plan*	$2,350.60	$1,527.90	$822.70	$411.35
Employee + Family*	$3,525.90	$2,291.85	$1,234.06	$617.03

HMSA CompMed

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$1,160.46	$986.40	$174.06 (or 1.5% of earnings, if less)	$87.03 (or half of monthly share)
Two-Party Plan*	$2,320.92	$1,508.60	$812.32	$406.16
Employee + Family*	$3,481.38	$2,262.90	$1,218.48	$609.24

* Spousal surchage of a $100/month will be added to the employee's share to cover a working spouse/domestic partner who has the option to elect health insurance from his or her employer. Deductions will be made on an after-tax basis.

Metlife Dental Premiums

PPO 1000

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$43.98	$43.98	$0.00	$0.00
Employee + Spouse	$85.59	$43.99	$41.60	$20.80
Employee + Child(ren)	$102.97	$43.99	$58.98	$29.49
Employee + Family	$155.51	$43.99	$111.52	$55.76

PPO 2000

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$54.03	$43.99	$10.04	$5.02
Employee + Spouse	$105.24	$43.98	$61.26	$30.63
Employee + Child(ren)	$119.22	$43.98	$75.24	$37.62
Employee + Family	$182.55	$43.99	$138.56	$69.28

Metlife Vision VSP Choice Premiums

Coverage Tier	Total Monthly Premium	ALA Share ($)	Employee Share ($)	Employee Share Per-pay-period
Employee Only	$6.76	$6.76	$0.00	$0.00
Employee + Spouse	$13.54	$6.76	$6.78	$3.39
Employee + Child(ren)	$11.47	$6.77	$4.70	$2.35
Employee + Family	$18.91	$6.77	$12.14	$6.07