



2026 INSURANCE RATES - HAWAII

| HMSA Medical Premiums | | | | |
|-----------------------|-----------------------|----------------|---|--|
| HMSA PPP | | | | |
| Coverage Tier | Total Monthly Premium | ALA Share (\$) | Employee Share (\$) | Employee Share Per-pay-period |
| Employee Only | \$949.24 | \$806.86 | \$142.38 <small>(or 1.5% of earnings, if less)</small> | \$71.19 <small>(or half of monthly share)</small> |
| Two-Party Plan* | \$1,898.48 | \$1,234.02 | \$664.46 | \$332.23 |
| Employee + Family* | \$2,847.72 | \$1,886.02 | \$961.70 | \$480.85 |

| HMSA HPH | | | | |
|--------------------|-----------------------|----------------|---|--|
| Coverage Tier | Total Monthly Premium | ALA Share (\$) | Employee Share (\$) | Employee Share Per-pay-period |
| Employee Only | \$936.84 | \$796.32 | \$140.52 <small>(or 1.5% of earnings, if less)</small> | \$70.26 <small>(or half of monthly share)</small> |
| Two-Party Plan* | \$1,873.68 | \$1,217.90 | \$655.78 | \$327.89 |
| Employee + Family* | \$2,810.52 | \$1,826.84 | \$983.68 | \$491.84 |

| HMSA CompMed | | | | |
|--------------------|-----------------------|----------------|---|--|
| Coverage Tier | Total Monthly Premium | ALA Share (\$) | Employee Share (\$) | Employee Share Per-pay-period |
| Employee Only | \$925.22 | \$786.44 | \$138.78 <small>(or 1.5% of earnings, if less)</small> | \$69.39 <small>(or half of monthly share)</small> |
| Two-Party Plan* | \$1,850.44 | \$1,202.80 | \$647.64 | \$323.82 |
| Employee + Family* | \$2,775.66 | \$1,804.18 | \$971.48 | \$485.74 |

| 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 |

* Spousal surcharge 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.