

## 2024 Employee Contributions - Hawaii

Your **monthly** cost to participate in medical benefits is as follows:

HMSA PPP (PPO)			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$868.48	\$0.00	\$10.00
Employee + One Dependent	\$1736.96	\$868.48	\$878.48
Employee + Family	\$2,605.44	\$1,736.96	\$1,746.96

HMSA HPH (HMO)			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$856.28	\$0.00	\$10.00
Employee + One Dependent	\$1,712.56	\$856.28	\$866.28
Employee + Family	\$2,568.84	\$1,712.56	\$1,722.56

Kaiser HMO			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$694.05	\$0.00	\$10.00
Employee + One Dependent	\$1,388.10	\$694.05	\$704.05
Employee + Family	\$2,082.15	\$1,388.10	\$1,398.10

Your **monthly** cost to participate in dental benefits is as follows:

Dental Costs			
	Total Premium	Employee Cost 30+ Hours per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$36.32	\$0.00	\$18.16
Employee + One Dependent	\$72.63	\$36.31	\$54.47
Employee + Family	\$108.91	\$72.59	\$90.75

Voluntary Vision - Paid 100% by Employees		MetLife Legal-Paid 100% by Employees	
	Total Monthly Premium		Total Monthly Premium
Employee Only	\$7.47	Employee + Family	\$21.25
Employee + One Dependent	\$11.61		
Employee + Family	\$18.42		