

2025 Employee Contributions - Hawaii

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

HMSA PPP (PPO)

	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$914.22	\$0.00	\$10.00
Employee + One Dependent	\$1,828.44	\$914.22	\$924.22
Employee + Family	\$2,742.66	\$1,828.44	\$1,838.44

HMSA HPH (HMO)

	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$901.44	\$0.00	\$10.00
Employee + One Dependent	\$1,802.88	\$901.44	\$911.44
Employee + Family	\$2,704.32	\$1,802.88	\$1,812.88

Kaiser HMO

	Total Premium	Employee Cost 30+ Hourse per Week	Employee Cost 20-29 Hours per Week
Employee Only	\$679.59	\$0.00	\$10.00
Employee + One Dependent	\$1,359.19	\$679.60	\$689.60
Employee + Family	\$2,038.78	\$1,359.19	\$1,369.19

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

Dental Costs

	Total Premium	Employee Cost 30+ Hourse 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

	Total Monthly Premium
Employee Only	\$7.47
Employee + One Dependent	\$11.61
Employee + Family	\$18.42

MetLife Legal - Paid 100% by Employees

	Total Monthly Premium
Employee + Family	\$21.25