

## 2024 Health Plan Premiums

Effective July 1, 2024

**ALL BUs AND EMPLOYEES EXCLUDED FROM ALL BARGAINING UNITS: ALL EMPLOYERS**

**BU 05: HAWAII PUBLIC CHARTER SCHOOLS, STATE OF HAWAII HSTA VEBA EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS OR BU 05 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011**

BENEFIT PLAN	Type of Enrollment	Semi-monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Percent Employer	Total
<b>Medical Plans</b>						
<b>PPO – 90/10 Plan – HMSA</b> Medical and Chiropractic, CVS Caremark Prescription Drug	Self	\$277.99	\$555.98	\$504.96	47.6%	\$1,060.94
	Two-Party	\$675.32	\$1,350.64	\$1,226.52	47.6%	\$2,577.16
	Family	\$861.13	\$1,722.26	\$1,563.62	47.6%	\$3,285.88
<b>PPO – 80/20 Plan – HMSA</b> Medical and Chiropractic, CVS Caremark Prescription Drug	Self	\$168.33	\$336.66	\$504.96	60.0%	\$841.62
	Two-Party	\$408.84	\$817.68	\$1,226.52	60.0%	\$2,044.20
	Family	\$521.21	\$1,042.42	\$1,563.62	60.0%	\$2,606.04
<b>PPO – 75/25 Plan – HMSA</b> Medical and Chiropractic, CVS Caremark Prescription Drug	Self	\$26.20	\$52.40	\$471.64	90.0%	\$524.04
	Two-Party	\$63.63	\$127.26	\$1,145.22	90.0%	\$1,272.48
	Family	\$81.10	\$162.20	\$1,459.74	90.0%	\$1,621.94
<b>HMO – HMSA</b> Medical and Chiropractic, CVS Caremark Prescription Drug	Self	\$295.32	\$590.64	\$504.96	46.1%	\$1,095.60
	Two-Party	\$717.50	\$1,435.00	\$1,226.52	46.1%	\$2,661.52
	Family	\$914.98	\$1,829.96	\$1,563.62	46.1%	\$3,393.58
<b>HMO – Kaiser Permanente Comprehensive</b> Medical, Prescription Drug, and Chiropractic	Self	\$167.04	\$334.08	\$504.96	60.2%	\$839.04
	Two-Party	\$406.17	\$812.34	\$1,226.52	60.2%	\$2,038.86
	Family	\$518.70	\$1,037.40	\$1,563.62	60.1%	\$2,601.02
<b>HMO – Kaiser Permanente Standard</b> Medical, Prescription Drug, and Chiropractic	Self	\$26.03	\$52.06	\$468.50	90.0%	\$520.56
	Two-Party	\$63.25	\$126.50	\$1,138.44	90.0%	\$1,264.94
	Family	\$80.69	\$161.38	\$1,452.32	90.0%	\$1,613.70
<b>Supplemental Medical and Prescription Drug – Verdegard Administrators</b> (formerly HMA)	Self	\$6.94	\$13.88	\$20.80	60.0%	\$34.68
	Two-Party	\$12.37	\$24.74	\$37.08	60.0%	\$61.82
	Family	\$13.39	\$26.78	\$40.16	60.0%	\$66.94
<b>Dental Plan</b>						
<b>HDS Dental</b>	Self	\$7.38	\$14.76	\$22.12	60.0%	\$36.88
	Two-Party	\$14.76	\$29.52	\$44.26	60.0%	\$73.78
	Family	\$24.27	\$48.54	\$72.78	60.0%	\$121.32
<b>Vision Plan</b>						
<b>VSP Vision</b>	Self	\$0.84	\$1.68	\$2.52	60.0%	\$4.20
	Two-Party	\$1.57	\$3.14	\$4.68	59.8%	\$7.82
	Family	\$2.05	\$4.10	\$6.12	59.9%	\$10.22
<b>Life Insurance</b>						
<b>Securian Life Insurance</b>	Employee	\$0.00	\$0.00	\$4.12	100.0%	\$4.12