

<b>Exempt 2025/2026 HMSA Plan Rates (bi-weekly)</b>	<b>Preferred Provider Plan Employee Cost</b>	<b>CompMED Plan Employee Cost</b>	<b>Health Plan Hawaii - Plus Employee Cost</b>
<b>Employee Only</b>	Cost will be 1.5% of your gross monthly wages (up to a maximum of \$191.40 per bi-weekly pay period).	Cost will be 1.5% of your gross monthly wages (up to a maximum of \$186.49 per bi-weekly pay period).	Cost will be 1.5% of your gross monthly wages (up to a maximum of \$188.83 per bi-weekly pay period).
<b>Employee + 1</b>	\$229.68	\$223.79	\$226.60
<b>Employee +2 or More</b>	\$344.52	\$335.69	\$339.90