Exempt 2026/2027 HMSA Plan Rates (bi-weekly)	Preferred Provider Plan Employee Cost	CompMED Plan Employee Cost	Health Plan Hawaii - Plus Employee Cost
Employee Only	Cost will be 1.5% of your gross monthly wages (up to a maximum of $233.14 per bi-weekly pay period).	Cost will be 1.5% of your gross monthly wages (up to a maximum of $227.13 per bi-weekly pay period).	Cost will be 1.5% of your gross monthly wages (up to a maximum of $230.08 per bi-weekly pay period).
Employee + 1	$279.77	$272.57	$276.10
Employee +2 or More	$419.66	$408.85	$414.15