

SCA 2021 /2022 HMSA Plan Rates (bi-weekly)	Preferred Provider Plan	CompMED Plan	Health Plan Hawaii - Plus
Employee Only	\$ -	\$ -	\$ -
Employee + 1	\$ 272.53	\$ 265.79	\$ 266.35
Employee +2 or More	\$ 408.80	\$ 398.69	\$ 399.52
SCA 2021 /2022 HMSA Plan Rates (weekly)	Preferred Provider Plan	CompMED Plan	Health Plan Hawaii - Plus
Employee Only	\$ -	\$ -	\$ -
Employee + 1	\$ 136.27	\$ 132.90	\$ 133.18
Employee +2 or More	\$ 204.40	\$ 199.35	\$ 199.76