

2021 Medical Plan Rates

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation.

Hawaii	
--------	--

Plan	Contributions per pay period (deducted 26 times per year)			
	You only	You + spouse*	You + children**	You + spouse* + children**
Point of Service (POS) Kaiser Added Choice — Hawaii	\$57.54	\$145.38	\$106.86	\$183.24

Plan	Contributions per pay period (deducted 26 times per year)			
	You only	You + spouse*	You + children**	You + spouse* + children**
POS Kaiser Added Choice — Hawaii	\$78.90	\$197.34	\$146.22	\$249.90

Plan	Contributions per pay period (deducted 26 times per year)			
	You only	You + spouse*	You + children**	You + spouse* + children**
POS Kaiser Added Choice — Hawaii	\$96.36	\$238.56	\$178.26	\$303.54

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.

Part-time employees

(based on annual eligible compensation of less than \$45,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
POS Kaiser Added Choice — Hawaii	\$73.86	\$177.24	\$135.96	\$228.96

Part-time employees

(based on annual eligible compensation of \$45,000 – \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
POS Kaiser Added Choice — Hawaii	\$99.96	\$238.50	\$183.84	\$309.00

Part-time employees

(based on annual eligible compensation of more than \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
POS Kaiser Added Choice — Hawaii	\$120.48	\$285.54	\$221.16	\$371.04

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.