Hawaii Health Plans
Premium Comparisons - Off Exchange Plans
Non-Smoker Small Group Premiums (Before Any Tax Credits)
Plan Effective Dates 7/1/2015 - 9/30/2015

Insurer	Small Group Plan Name	Plan ID	On/Off Exchange	DLIR Level	Metal Level	Ages 0-20	Age 21	Age 25	Age 30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 64
Kaiser	KP Platinum - $20	60612HI0140028	Off Exchange	7a	Platinum	$161.23	$253.91	$254.93	$288.19	$310.28	$324.50	$366.65	$453.49	$566.22	$689.12	$761.73
Kaiser	KP Platinum - $20 - Dent. (1)	60612HI0140033	Off Exchange	7a	Platinum	$161.23	$253.91	$254.93	$288.19	$310.28	$324.50	$366.65	$453.49	$566.22	$689.12	$761.73
Kaiser	KP Platinum - $20 - Optical	60612HI0140031	Off Exchange	7a	Platinum	$164.41	$258.91	$259.95	$293.86	$316.39	$330.89	$373.87	$462.42	$577.37	$702.68	$776.73
Kaiser	KP Platinum - $20 - Optical - Dent. (1)	60612HI0140032	Off Exchange	7a	Platinum	$164.41	$258.91	$259.95	$293.86	$316.39	$330.89	$373.87	$462.42	$577.37	$702.68	$776.73
Kaiser	KP Platinum - $20 - Optical - Fit	60612HI0140029	Off Exchange	7a	Platinum	$165.59	$260.78	$261.82	$295.98	$318.67	$333.27	$376.56	$465.75	$581.53	$707.75	$782.33
Kaiser	KP Platinum - $20 - Optical - Dent. (1) - Fit	60612HI0140030	Off Exchange	7a	Platinum	$165.59	$260.78	$261.82	$295.98	$318.67	$333.27	$376.56	$465.75	$581.53	$707.75	$782.33
Kaiser	KP Platinum - $20 - Optical - Chiro/Acu/Massage	60612HI0140001	Off Exchange	7a	Platinum	$166.24	$261.80	$262.84	$297.14	$319.92	$334.58	$378.03	$467.57	$583.81	$710.51	$785.39
Kaiser	KP Platinum - $20 - Optical - Dent. (1) - Chiro/Acu/Massage	60612HI0140008	Off Exchange	7a	Platinum	$166.24	$261.80	$262.84	$297.14	$319.92	$334.58	$378.03	$467.57	$583.81	$710.51	$785.39
Kaiser	KP Platinum - $20 - Optical - Chiro/Acu/Massage - Fit	60612HI0140011	Off Exchange	7a	Platinum	$167.41	$263.64	$264.69	$299.23	$322.16	$336.93	$380.69	$470.85	$587.91	$715.51	$790.91
Kaiser	KP Platinum - $20 - Optical - Dent. (1) - Chiro/Acu/Massage - Fit	60612HI0140018	Off Exchange	7a	Platinum	$167.41	$263.64	$264.69	$299.23	$322.16	$336.93	$380.69	$470.85	$587.91	$715.51	$790.91
Kaiser	KP Platinum I - $15	60612HI0140002	Off Exchange	7a	Platinum	$169.42	$266.80	$267.86	$302.81	$326.02	$340.96	$385.25	$476.50	$594.95	$724.08	$800.39
Kaiser	KP Platinum I - $15 - Dent. (1)	60612HI0140026	Off Exchange	7a	Platinum	$169.42	$266.80	$267.86	$302.81	$326.02	$340.96	$385.25	$476.50	$594.95	$724.08	$800.39
Kaiser	KP Platinum I - $15 - Optical	60612HI0140021	Off Exchange	7a	Platinum	$172.59	$271.79	$272.88	$308.49	$332.13	$347.35	$392.47	$485.42	$606.10	$737.65	$815.37
Kaiser	KP Platinum I - $15 - Optical - Dent. (1)	60612HI0140025	Off Exchange	7a	Platinum	$172.59	$271.79	$272.88	$308.49	$332.13	$347.35	$392.47	$485.42	$606.10	$737.65	$815.37
Kaiser	KP Platinum I - $15 - Optical - Fit	60612HI0140019	Off Exchange	7a	Platinum	$173.76	$273.63	$274.73	$310.58	$334.38	$349.70	$395.13	$488.71	$610.20	$742.64	$820.89
Kaiser	KP Platinum I - $15 - Optical - Dent. (1) - Fit	60612HI0140020	Off Exchange	7a	Platinum	$173.76	$273.63	$274.73	$310.58	$334.38	$349.70	$395.13	$488.71	$610.20	$742.64	$820.89
Kaiser	KP Platinum I - $15 - Optical - Chiro/Acu/Massage	60612HI0140022	Off Exchange	7a	Platinum	$174.42	$274.68	$275.78	$311.76	$335.66	$351.04	$396.64	$490.58	$612.53	$745.48	$824.03
Kaiser	KP Platinum I - $15 - Optical - Dent. (1) - Chiro/Acu/Massage	60612HI0140027	Off Exchange	7a	Platinum	$174.42	$274.68	$275.78	$311.76	$335.66	$351.04	$396.64	$490.58	$612.53	$745.48	$824.03
Kaiser	KP Platinum I - $15 - Optical - Chiro/Acu/Massage - Fit	60612HI0140023	Off Exchange	7a	Platinum	$175.59	$276.52	$277.62	$313.85	$337.91	$353.39	$399.29	$493.86	$616.64	$750.47	$829.55
Kaiser	KP Platinum I - $15 - Optical - Dent. (1) - Chiro/Acu/Massage - Fit	60612HI0140024	Off Exchange	7a	Platinum	$175.59	$276.52	$277.62	$313.85	$337.91	$353.39	$399.29	$493.86	$616.64	$750.47	$829.55
HMAA	Comprehensive Basic - Base Rx	56682HI0250001	Off Exchange	7a	Platinum	$176.87	$278.54	$279.66	$316.15	$340.38	$355.98	$402.21	$497.48	$621.15	$755.96	$835.63
UHA	UHA 3000 - P	95366HI0020001	Off Exchange	7a	Platinum	$177.91	$280.17	$281.29	$317.99	$342.37	$358.06	$404.57	$500.39	$624.79	$760.39	$840.52
HMAA	Comprehensive Basic - Enhanced Rx	56682HI0130001	Off Exchange	7a	Platinum	$178.17	$280.58	$281.70	$318.46	$342.87	$358.58	$405.16	$501.12	$625.69	$761.49	$841.74
UHA	UHA 3000 - R	95366HI0020003	Off Exchange	7a	Platinum	$178.65	$281.34	$282.47	$319.32	$343.79	$359.54	$406.24	$502.46	$627.37	$763.54	$844.01
UHA	UHA 3000 - Q	95366HI0020002	Off Exchange	7a	Platinum	$179.03	$281.94	$283.07	$320.01	$344.53	$360.33	$407.13	$503.55	$628.74	$765.20	$845.83
HMAA	Comprehensive Plus - Base Rx	56682HI0260001	Off Exchange	7a	Platinum	$179.13	$282.09	$283.22	$320.17	$344.72	$360.51	$407.34	$503.82	$629.07	$765.60	$846.28
Family Health Hawaii	HI Preferred SB	14479HI0020001	Off Exchange	7a	Platinum	$179.26	$282.30	$283.43	$320.41	$344.97	$360.78	$407.64	$504.19	$629.53	$766.16	$846.90
Family Health Hawaii	HI Select SB	14479HI0040001	Off Exchange	7a	Platinum	$179.51	$282.70	$283.83	$320.86	$345.46	$361.29	$408.22	$504.90	$630.42	$767.25	$848.10
HMAA	Option Plus Two - Base Rx	56682HI0110001	Off Exchange	7a	Platinum	$180.40	$284.10	$285.24	$322.45	$347.17	$363.08	$410.24	$507.40	$633.54	$771.05	$852.30
HMAA	Comprehensive Plus - Enhanced Rx	56682HI0140001	Off Exchange	7a	Platinum	$180.42	$284.13	$285.27	$322.49	$347.21	$363.12	$410.28	$507.46	$633.61	$771.13	$852.39
UHA	UHA 600 - P	95366HI0010001	Off Exchange	7a	Platinum	$180.67	$284.52	$285.66	$322.93	$347.69	$363.62	$410.86	$508.16	$634.49	$772.19	$853.57
UHA	UHA 600 - R	95366HI0010003	Off Exchange	7a	Platinum	$181.40	$285.68	$286.81	$324.24	$349.09	$365.09	$412.51	$510.21	$637.05	$775.32	$857.03
HMAA	HMAA 90/10 PPO with ACN Rider - Base Rx	56682HI0170001	Off Exchange	7a	Platinum	$181.63	$286.02	$287.17	$324.64	$349.52	$365.54	$413.02	$510.84	$637.83	$776.27	$858.07
HMSA	Small Business CompMED A	18350HI0870001	Off Exchange	7a	Platinum	$181.71	$286.16	$287.30	$324.79	$349.69	$365.71	$413.22	$511.08	$638.14	$776.64	$858.48
UHA	UHA 600 - Q	95366HI0010002	Off Exchange	7a	Platinum	$181.80	$286.29	$287.44	$324.94	$349.86	$365.88	$413.41	$511.32	$638.44	$777.00	$858.89
Family Health Hawaii	HI Preferred SB Plus	14479HI0010001	Off Exchange	7a	Platinum	$182.51	$287.42	$288.57	$326.22	$351.23	$367.32	$415.03	$513.33	$640.95	$780.06	$862.26
Family Health Hawaii	HI Select SB Plus	14479HI0030001	Off Exchange	7a	Platinum	$182.77	$287.82	$288.97	$326.67	$351.71	$367.83	$415.61	$514.04	$641.84	$781.14	$863.46
HMSA	Small Business Health Plan Hawaii A	18350HI0860001	Off Exchange	7a	Platinum	$182.94	$288.10	$289.25	$326.99	$352.06	$368.19	$416.02	$514.55	$642.46	$781.90	$864.30
HMAA	Option Plus Two - Enhanced Rx	56682HI0180001	Off Exchange	7a	Platinum	$183.35	$288.74	$289.90	$327.73	$352.85	$369.02	$416.95	$515.70	$643.90	$783.65	$866.23
HMAA	HMAA 90/10 PPO with ACN Rider - Enhanced Rx	56682HI0200001	Off Exchange	7a	Platinum	$184.58	$290.67	$291.83	$329.91	$355.20	$371.48	$419.73	$519.14	$648.19	$788.88	$872.01
HMSA	Small Business Preferred Provider Plan A	18350HI0850001	Off Exchange	7a	Platinum	$185.20	$291.66	$292.83	$331.03	$356.41	$372.74	$421.16	$520.90	$650.40	$791.57	$874.98
HMAA	Option Plus One - Base Rx	56682HI0100001	Off Exchange	7a	Platinum	$186.70	$294.02	$295.19	$333.71	$359.29	$375.75	$424.56	$525.11	$655.66	$797.96	$882.05
HMAA	Option Plus One - Enhanced Rx	56682HI0240001	Off Exchange	7a	Platinum	$188.23	$296.43	$297.61	$336.44	$362.23	$378.83	$428.04	$529.42	$661.03	$804.50	$889.28
Kaiser	KP Gold - $20	60612HI0140005	Off Exchange	7b	Gold	$145.77	$229.57	$230.48	$260.56	$280.53	$293.39	$331.49	$410.01	$511.93	$623.04	$688.70
Kaiser	KP Gold - $12	60612HI0140006	Off Exchange	7b	Gold	$147.46	$232.23	$233.16	$263.58	$283.78	$296.79	$335.34	$414.76	$517.87	$630.26	$696.68
Kaiser	KP Gold - $15	60612HI0140034	Off Exchange	7a	Gold	$148.41	$233.72	$234.65	$265.27	$285.61	$298.69	$337.49	$417.42	$521.19	$634.31	$701.16
Kaiser	KP Gold - $15 - Dent. (1)	60612HI0140040	Off Exchange	7a	Gold	$148.41	$233.72	$234.65	$265.27	$285.61	$298.69	$337.49	$417.42	$521.19	$634.31	$701.16
Kaiser	KP Gold - $20 - Optical	60612HI0140042	Off Exchange	7b	Gold	$148.95	$234.56	$235.50	$266.23	$286.64	$299.77	$338.71	$418.93	$523.08	$636.61	$703.68
Kaiser	KP Gold - $20 - Optical - Dent. (1)	60612HI0140043	Off Exchange	7b	Gold	$148.95	$234.56	$235.50	$266.23	$286.64	$299.77	$338.71	$418.93	$523.08	$636.61	$703.68
Kaiser	KP Gold - $12 - Optical	60612HI0140044	Off Exchange	7b	Gold	$150.64	$237.23	$238.17	$269.25	$289.89	$303.17	$342.55	$423.68	$529.01	$643.83	$711.68
Kaiser	KP Gold - $12 - Optical - Dent. (1)	60612HI0140045	Off Exchange	7b	Gold	$150.64	$237.23	$238.17	$269.25	$289.89	$303.17	$342.55	$423.68	$529.01	$643.83	$711.68
Kaiser	KP Gold - $15 - Optical	60612HI0140037	Off Exchange	7a	Gold	$151.59	$238.72	$239.67	$270.95	$291.71	$305.08	$344.71	$426.35	$532.34	$647.88	$716.15
Kaiser	KP Gold - $15 - Optical - Dent. (1)	60612HI0140039	Off Exchange	7a	Gold	$151.59	$238.72	$239.67	$270.95	$291.71	$305.08	$344.71	$426.35	$532.34	$647.88	$716.15
Kaiser	KP Gold - $15 - Optical - Fit	60612HI0140035	Off Exchange	7a	Gold	$152.77	$240.58	$241.55	$273.06	$293.99	$307.47	$347.40	$429.68	$536.50	$652.94	$721.74
Kaiser	KP Gold - $15 - Optical - Dent. (1) - Fit	60612HI0140036	Off Exchange	7a	Gold	$152.77	$240.58	$241.55	$273.06	$293.99	$307.47	$347.40	$429.68	$536.50	$652.94	$721.74
Kaiser	KP Gold - $15 - Optical - Chiro/Acu/Massage	60612HI0140004	Off Exchange	7a	Gold	$153.42	$241.60	$242.57	$274.22	$295.24	$308.77	$348.87	$431.50	$538.77	$655.71	$724.80
Kaiser	KP Gold - $15 - Optical - Dent. (1) - Chiro/Acu/Massage	60612HI0140041	Off Exchange	7a	Gold	$153.42	$241.60	$242.57	$274.22	$295.24	$308.77	$348.87	$431.50	$538.77	$655.71	$724.80
Kaiser	KP Gold - $15 - Optical - Chiro/Acu/Massage - Fit	60612HI0140014	Off Exchange	7a	Gold	$154.60	$243.47	$244.44	$276.34	$297.52	$311.15	$351.57	$434.83	$542.93	$660.77	$730.40
Kaiser	KP Gold - $15 - Optical - Dent. (1) - Chiro/Acu/Massage - Fit	60612HI0140038	Off Exchange	7a	Gold	$154.60	$243.47	$244.44	$276.34	$297.52	$311.15	$351.57	$434.83	$542.93	$660.77	$730.40
HMAA	Executive Plan Option	56682HI0120001	Off Exchange	7b	Gold	$162.85	$256.46	$257.48	$291.08	$313.39	$327.75	$370.33	$458.03	$571.90	$696.03	$769.37
HMAA	HMAA PPO Plan (7B)	56682HI0160001	Off Exchange	7b	Gold	$163.18	$256.98	$258.01	$291.68	$314.03	$328.42	$371.08	$458.97	$573.07	$697.45	$770.95
HMSA	Small Business Preferred Choice A	18350HI0870005	Off Exchange	7a	Gold	$166.50	$262.21	$263.26	$297.61	$320.42	$335.10	$378.63	$468.31	$584.73	$711.64	$786.63
HMSA	Small Business Health Plan Hawaii B	18350HI0860005	Off Exchange	7b	Gold	$167.33	$263.51	$264.56	$299.08	$322.01	$336.77	$380.51	$470.63	$587.63	$715.17	$790.53
HMSA	Small Business Health Plan Hawaii Choice A	18350HI0860006	Off Exchange	7a	Gold	$168.36	$265.13	$266.19	$300.92	$323.99	$338.84	$382.85	$473.52	$591.24	$719.56	$795.39
HMSA	Small Business CompMED B	18350HI0870003	Off Exchange	7b	Gold	$168.36	$265.13	$266.19	$300.92	$323.99	$338.84	$382.85	$473.52	$591.24	$719.56	$795.39
HMSA	Small Business Preferred Provider Plan B	18350HI0850003	Off Exchange	7b	Gold	$168.56	$265.45	$266.51	$301.29	$324.38	$339.25	$383.31	$474.09	$591.95	$720.43	$796.35
Kaiser	KP Silver - $30	60612HI0140007	Off Exchange	N/A	Silver	$127.76	$201.19	$202.00	$228.35	$245.85	$257.12	$290.52	$359.33	$448.65	$546.03	$603.57
Kaiser	KP Silver - $30 - Optical	60612HI0140046	Off Exchange	N/A	Silver	$130.93	$206.19	$207.01	$234.03	$251.96	$263.51	$297.74	$368.25	$459.80	$559.60	$618.57
Kaiser	KP Silver - $30 - Optical - Dent. (1)	60612HI0140047	Off Exchange	N/A	Silver	$130.93	$206.19	$207.01	$234.03	$251.96	$263.51	$297.74	$368.25	$459.80	$559.60	$618.57
HMAA	Option Plus Silver	56682HI0210001	Off Exchange	N/A	Silver	$134.16	$211.28	$212.12	$239.80	$258.18	$270.02	$305.09	$377.35	$471.15	$573.41	$633.84
HMSA	Small Business Silver PPO	18350HI0850005	Off Exchange	N/A	Silver	$142.88	$225.00	$225.90	$255.38	$274.95	$287.55	$324.90	$401.85	$501.75	$610.65	$675.00

Notes:

(1) An additional premium payable to Hawaii Dental Service is required.