

PMAG SUMMARY OF MONTHLY RATES

Effective July 1, 2021 through June 30, 2022

The Health Plan Hawaii Plus E-V (Medical, Drug, Vision, Dental, & GL/ADD)

RATES	7/1/21 to 6/30/22
Single	\$753.39
2-Party	\$1,501.85
Family	\$2,251.63

The HMSA Preferred Provider Plan 762 (Medical, Drug, Vision, Dental, & GL/ADD)

RATES	7/1/21 to 6/30/22
Single	\$867.09
2-Party	\$1,728.97
Family	\$2,592.37