

BSM 2019-2019 HMSA Plan Rates (bi-weekly)	Preferred Provider Plan	CompMED Plan	Health Plan Hawaii - Plus
Employee Only	\$ 280.87	\$ 273.96	\$ 274.50
Employee + 1	\$ 561.75	\$ 547.92	\$ 548.99
Employee +2 or More	\$ 842.62	\$ 821.88	\$ 823.49