



HAWAII DKIST DAVIS BACON 100% EE/50% DEP REGULAR FULL-TIME PREMIUMS 2019 PLAN YEAR



Updated 11/19/18

TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
	Monthly	Weekly	Monthly	Weekly

MEDICAL

Health Plan Hawaii (HMO)-HPH B					
EE Only	\$411.64	\$411.64	\$94.99	\$0.00	\$0.00
EE + One Dependent	\$823.28	\$617.46	\$142.49	\$205.82	\$47.50
EE + Family	\$1,234.64	\$823.14	\$189.96	\$411.50	\$94.96

Preferred Provider Plan (PPO)-PPP B					
EE Only	\$428.58	\$428.58	\$98.90	\$0.00	\$0.00
EE + One Dependent	\$857.16	\$642.87	\$148.35	\$214.29	\$49.45
EE + Family	\$1,285.46	\$857.02	\$197.77	\$428.44	\$98.87

Kaiser HMO					
EE Only	\$486.58	\$486.58	\$112.29	\$0.00	\$0.00
EE + One Dependent	\$973.16	\$729.87	\$168.43	\$243.29	\$56.14
EE + Family	\$1,459.74	\$973.16	\$224.58	\$486.58	\$112.29

Kaiser Added Choice					
EE Only	\$693.65	\$693.65	\$160.07	\$0.00	\$0.00
EE + One Dependent	\$1,387.30	\$1,040.48	\$240.11	\$346.83	\$80.04
EE + Family	\$2,080.95	\$1,387.30	\$320.15	\$693.65	\$160.07

DENTAL

L95 Prepaid Plan					
EE Only	\$36.90	\$36.90	\$8.52	\$0.00	\$0.00
EE + One Dependent	\$73.80	\$55.35	\$12.77	\$18.45	\$4.26
EE + Family	\$110.70	\$73.80	\$17.03	\$36.90	\$8.52

D90 Preferred Provider Plan (PPO)					
EE Only	\$36.90	\$36.90	\$8.52	\$0.00	\$0.00
EE + One Dependent	\$73.80	\$55.35	\$12.77	\$18.45	\$4.26
EE + Family	\$110.70	\$73.80	\$17.03	\$36.90	\$8.52

VISION

UNITED HEALTH CARE					
EE Only	\$6.35			\$6.35	\$1.47
EE + Spouse	\$12.61			\$12.61	\$2.91
EE + Child(ren)	\$13.21			\$13.21	\$3.05
EE + Family	\$19.78			\$19.78	\$4.56

LIFE INSURANCE

Voluntary Life	MONTHLY PREMIUM PER \$10,000 COVERAGE			
	EE Smoker	EE Non-Smoker	Spouse	Child(ren)
CIGNA Group Insurance				
<25	\$1.27	\$0.67	\$0.60	\$1.20
25-29	\$1.27	\$0.67	\$0.75	
30-34	\$1.42	\$0.75	\$0.97	
35-39	\$1.80	\$0.97	\$1.12	
40-44	\$2.92	\$1.57	\$1.20	
45-49	\$5.02	\$2.62	\$1.80	
50-54	\$8.62	\$4.27	\$2.85	
55-59	\$14.10	\$7.57	\$5.25	
60-64	\$16.27	\$9.30	\$8.10	
65-69	\$26.92	\$16.57	\$15.55	
70-74	\$42.07	\$28.05		
Voluntary AD&D	MONTHLY PREMIUM PER \$1,000 COVERAGE			
CIGNA Group Insurance				
Employee	\$0.02			
Spouse	\$0.02			

New Cigna Worksite Benefits

Critical Illness Insurance Weekly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.66	\$0.74	\$1.21	\$1.33	\$0.71	\$0.78	\$1.26	\$1.38
25 to 29	\$0.71	\$0.85	\$1.30	\$1.50	\$0.76	\$0.89	\$1.34	\$1.55
30 to 34	\$0.81	\$1.05	\$1.48	\$1.87	\$0.86	\$1.10	\$1.53	\$1.92
35 to 39	\$0.99	\$1.48	\$1.81	\$2.63	\$1.04	\$1.53	\$1.86	\$2.67
40 to 44	\$1.22	\$1.97	\$2.16	\$3.39	\$1.27	\$2.02	\$2.21	\$6.88
45 to 49	\$1.63	\$2.92	\$2.86	\$4.97	\$1.68	\$2.97	\$2.91	\$5.02
50 to 54	\$2.38	\$4.30	\$3.92	\$6.98	\$2.43	\$4.35	\$3.96	\$7.03
55 to 59	\$3.30	\$5.96	\$5.25	\$9.41	\$3.35	\$6.01	\$5.30	\$9.46
60 to 64	\$4.26	\$7.47	\$6.74	\$11.74	\$4.31	\$7.52	\$6.79	\$11.79
65 to 69	\$5.18	\$8.44	\$8.15	\$13.42	\$5.23	\$8.49	\$8.19	\$13.47
70 to 74	\$7.11	\$11.09	\$11.14	\$17.63	\$7.16	\$11.14	\$11.19	\$17.68
75 to 79	\$9.83	\$13.64	\$14.77	\$21.19	\$9.87	\$13.69	\$14.82	\$21.23
80 to 84	\$12.57	\$16.69	\$18.11	\$25.64	\$12.62	\$16.73	\$18.16	\$25.69
85 to 89	\$15.57	\$18.87	\$24.36	\$29.59	\$15.62	\$18.92	\$24.41	\$29.64
90 to 94	\$15.57	\$18.87	\$24.36	\$29.59	\$15.62	\$18.92	\$24.41	\$29.64
95+	\$15.57	\$18.87	\$24.36	\$29.59	\$15.62	\$18.92	\$24.41	\$29.64

Benefit Amount: \$10,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.90	\$1.05	\$1.59	\$1.82	\$0.98	\$1.13	\$1.66	\$1.90
25 to 29	\$1.01	\$1.27	\$1.75	\$2.17	\$1.08	\$1.35	\$1.83	\$2.24
30 to 34	\$1.21	\$1.69	\$2.12	\$2.90	\$1.28	\$1.76	\$2.20	\$2.98
35 to 39	\$1.57	\$2.55	\$2.77	\$4.41	\$1.64	\$2.62	\$2.85	\$4.49
40 to 44	\$2.02	\$3.52	\$3.49	\$5.95	\$2.10	\$3.59	\$3.56	\$6.02
45 to 49	\$2.84	\$5.42	\$4.87	\$9.10	\$2.92	\$5.49	\$4.95	\$9.17
50 to 54	\$4.33	\$8.17	\$6.99	\$13.12	\$4.41	\$8.25	\$7.07	\$13.20
55 to 59	\$6.18	\$11.51	\$9.66	\$17.97	\$6.26	\$11.58	\$9.74	\$18.05
60 to 64	\$8.09	\$14.51	\$12.64	\$22.64	\$8.17	\$14.59	\$12.71	\$22.71
65 to 69	\$9.94	\$16.46	\$15.45	\$26.00	\$10.02	\$16.54	\$15.53	\$26.07
70 to 74	\$13.80	\$21.76	\$21.45	\$34.42	\$13.88	\$21.84	\$21.52	\$34.50
75 to 79	\$19.23	\$26.86	\$28.70	\$41.53	\$19.31	\$26.94	\$28.77	\$41.61
80 to 84	\$24.72	\$65.89	\$35.38	\$50.43	\$24.80	\$33.03	\$35.46	\$50.51
85 to 89	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$37.39	\$47.95	\$58.42
90 to 94	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$37.39	\$47.95	\$58.42
95+	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$37.39	\$47.95	\$58.42

Benefit Amount: \$20,000

Age	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$1.39	\$1.68	\$2.33	\$2.80	\$1.52	\$1.81	\$2.46	\$2.93
25 to 29	\$1.59	\$2.12	\$2.66	\$3.49	\$1.73	\$2.26	\$2.79	\$3.63
30 to 34	\$1.99	\$2.95	\$3.40	\$4.97	\$2.12	\$3.08	\$3.53	\$5.10
35 to 39	\$2.71	\$4.67	\$4.70	\$7.98	\$2.84	\$4.80	\$4.84	\$8.11
40 to 44	\$3.62	\$6.61	\$6.13	\$11.05	\$3.76	\$6.74	\$6.27	\$11.19
45 to 49	\$5.26	\$10.41	\$8.91	\$17.35	\$5.39	\$10.54	\$9.04	\$17.49
50 to 54	\$8.25	\$15.93	\$13.14	\$25.40	\$8.38	\$16.06	\$13.27	\$25.53
55 to 59	\$11.94	\$22.59	\$18.49	\$35.10	\$12.07	\$22.73	\$18.62	\$35.24
60 to 64	\$15.77	\$28.61	\$24.43	\$44.43	\$15.90	\$28.74	\$24.56	\$44.56
65 to 69	\$19.46	\$32.50	\$30.06	\$51.15	\$19.59	\$32.63	\$30.19	\$51.29
70 to 74	\$27.19	\$43.11	\$42.05	\$68.00	\$27.32	\$43.24	\$42.19	\$68.13
75 to 79	\$38.04	\$53.30	\$56.55	\$82.22	\$38.17	\$53.44	\$56.69	\$82.35
80 to 84	\$49.03	\$65.48	\$69.92	\$100.03	\$49.16	\$65.61	\$70.05	\$100.16
85 to 89	\$61.01	\$74.21	\$94.91	\$115.84	\$61.14	\$74.34	\$95.04	\$115.98
90 to 94	\$61.01	\$74.21	\$94.91	\$115.84	\$61.14	\$74.34	\$95.04	\$115.98
95+	\$61.01	\$74.21	\$94.91	\$115.84	\$61.14	\$74.34	\$95.04	\$115.98

Cigna Accidental Injury Insurance

Weekly Cost of Coverage:

Tier	Low Plan
Employee	\$1.75
Employee + spouse	\$3.07
Employee + child(ren)	\$3.28
Family	\$4.47

Cigna Hospital Care Insurance

Weekly Cost of Coverage:

Tier	HC Plan 1
Employee Only	\$4.41
Employee & Spouse	\$9.40
Employee & Child(ren)	\$7.25
Employee & Family	\$12.23