



# Hawaii - GEMINI REGULAR FULL-TIME PREMIUMS 2019 PLAN YEAR



**"NEW" Bi-weekly premiums calculated over 26 pay periods**

|                  |                       |                  |                   |                  |                   |
|------------------|-----------------------|------------------|-------------------|------------------|-------------------|
| Updated 10/30/18 | TOTAL MONTHLY PREMIUM | EMPLOYER PREMIUM |                   | EMPLOYEE PREMIUM |                   |
|                  |                       | Monthly          | Bi-Weekly 26/year | Monthly          | Bi-Weekly 26/Year |

### MEDICAL

| Health Plan Hawai (HMO)-HPH B    |            |          |          |          |          |
|----------------------------------|------------|----------|----------|----------|----------|
| EE Only                          | \$411.64   | \$411.64 | \$189.99 | \$0.00   | \$0.00   |
| EE + One Dependent               | \$823.28   | \$617.46 | \$284.98 | \$205.82 | \$94.99  |
| EE + Family                      | \$1,234.64 | \$823.14 | \$379.91 | \$411.50 | \$189.92 |
| *premiums capped at 5% of salary |            |          |          |          |          |

| Preferred Provider Plan (PPO)-PPP B |            |          |          |          |          |
|-------------------------------------|------------|----------|----------|----------|----------|
| EE Only                             | \$428.58   | \$411.64 | \$189.99 | \$16.94  | \$7.82   |
| EE + One Dependent                  | \$857.16   | \$617.46 | \$284.98 | \$239.70 | \$110.63 |
| EE + Family                         | \$1,285.46 | \$823.14 | \$379.91 | \$462.32 | \$213.38 |

| Kaiser HMO         |            |          |          |          |          |
|--------------------|------------|----------|----------|----------|----------|
| EE Only            | \$486.58   | \$411.64 | \$189.99 | \$74.94  | \$34.59  |
| EE + One Dependent | \$973.16   | \$617.46 | \$284.98 | \$355.70 | \$164.17 |
| EE + Family        | \$1,459.74 | \$823.14 | \$379.91 | \$636.60 | \$293.82 |

| Kaiser Added Choice |            |          |          |            |          |
|---------------------|------------|----------|----------|------------|----------|
| EE Only             | \$693.65   | \$411.64 | \$189.99 | \$282.01   | \$130.16 |
| EE + One Dependent  | \$1,387.30 | \$617.46 | \$284.98 | \$769.84   | \$355.31 |
| EE + Family         | \$2,080.95 | \$823.14 | \$379.91 | \$1,257.81 | \$580.53 |

### DENTAL

| L95 Prepaid Plan   |          |         |         |         |         |
|--------------------|----------|---------|---------|---------|---------|
| EE Only            | \$36.90  | \$36.90 | \$17.03 | \$0.00  | \$0.00  |
| EE + One Dependent | \$73.80  | \$55.35 | \$25.55 | \$18.45 | \$8.52  |
| EE + Family        | \$110.70 | \$73.80 | \$34.06 | \$36.90 | \$17.03 |

| D90 Preferred Provider Plan (PPO) |          |         |         |         |         |
|-----------------------------------|----------|---------|---------|---------|---------|
| EE Only                           | \$36.90  | \$36.90 | \$17.03 | \$0.00  | \$0.00  |
| EE + One Dependent                | \$73.80  | \$55.35 | \$25.55 | \$18.45 | \$8.52  |
| EE + Family                       | \$110.70 | \$73.80 | \$34.06 | \$36.90 | \$17.03 |
| *premiums capped at .5% of salary |          |         |         |         |         |

### 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<br>CIGNA Group Insurance | MONTHLY PREMIUM PER \$1,000 COVERAGE |        |
|---|--------------------------------------|--------|
|   | Employee                             | Spouse |
|   | \$0.02                               | \$0.02 |

### Cigna Worksite Benefits

#### Critical Illness Insurance

Bi-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      | \$1.32        | \$1.47  | \$2.42                    | \$2.66  | \$1.42                      | \$1.56  | \$2.52                   | \$2.75  |
| 25 to 29 | \$1.42        | \$1.69  | \$2.59                    | \$3.00  | \$1.52                      | \$1.78  | \$2.68                   | \$3.10  |
| 30 to 34 | \$1.62        | \$2.10  | \$2.96                    | \$3.74  | \$1.72                      | \$2.20  | \$3.05                   | \$3.84  |
| 35 to 39 | \$1.98        | \$2.96  | \$3.61                    | \$5.25  | \$2.08                      | \$3.06  | \$3.71                   | \$5.34  |
| 40 to 44 | \$2.44        | \$3.93  | \$4.32                    | \$6.78  | \$2.53                      | \$4.03  | \$4.42                   | \$6.88  |
| 45 to 49 | \$3.26        | \$5.83  | \$5.71                    | \$9.93  | \$3.35                      | \$5.93  | \$5.81                   | \$10.03 |
| 50 to 54 | \$4.75        | \$8.59  | \$7.83                    | \$13.96 | \$4.85                      | \$8.69  | \$7.92                   | \$14.05 |
| 55 to 59 | \$6.60        | \$11.92 | \$10.50                   | \$18.81 | \$6.69                      | \$12.02 | \$10.60                  | \$18.91 |
| 60 to 64 | \$8.51        | \$14.93 | \$13.47                   | \$23.47 | \$8.61                      | \$15.03 | \$13.57                  | \$23.57 |
| 65 to 69 | \$10.36       | \$16.88 | \$16.29                   | \$26.83 | \$10.45                     | \$16.97 | \$16.38                  | \$26.93 |
| 70 to 74 | \$14.22       | \$22.18 | \$22.28                   | \$35.26 | \$14.32                     | \$22.28 | \$22.38                  | \$35.35 |
| 75 to 79 | \$19.65       | \$27.28 | \$29.53                   | \$42.37 | \$19.74                     | \$27.37 | \$29.63                  | \$42.46 |
| 80 to 84 | \$25.14       | \$33.37 | \$36.22                   | \$51.27 | \$25.24                     | \$33.46 | \$36.31                  | \$51.37 |
| 85 to 89 | \$31.13       | \$37.73 | \$48.71                   | \$59.18 | \$31.23                     | \$37.83 | \$48.81                  | \$59.27 |
| 90 to 94 | \$31.13       | \$37.73 | \$48.71                   | \$59.18 | \$31.23                     | \$37.83 | \$48.81                  | \$59.27 |
| 95+      | \$31.13       | \$37.73 | \$48.71                   | \$59.18 | \$31.23                     | \$37.83 | \$48.81                  | \$59.27 |

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      | \$1.80        | \$2.10  | \$3.17                    | \$3.63   | \$1.96                      | \$2.25  | \$3.32                   | \$3.79   |
| 25 to 29 | \$2.01        | \$2.54  | \$3.50                    | \$4.33   | \$2.16                      | \$2.69  | \$3.65                   | \$4.48   |
| 30 to 34 | \$2.41        | \$3.37  | \$4.24                    | \$5.80   | \$2.56                      | \$3.52  | \$4.39                   | \$5.96   |
| 35 to 39 | \$3.13        | \$5.09  | \$5.54                    | \$8.82   | \$3.28                      | \$5.24  | \$5.69                   | \$8.97   |
| 40 to 44 | \$4.04        | \$7.03  | \$6.97                    | \$11.89  | \$4.19                      | \$7.18  | \$7.12                   | \$12.04  |
| 45 to 49 | \$5.67        | \$10.83 | \$9.74                    | \$18.19  | \$5.83                      | \$10.98 | \$9.90                   | \$18.34  |
| 50 to 54 | \$8.66        | \$16.34 | \$13.98                   | \$26.23  | \$8.82                      | \$16.50 | \$14.13                  | \$26.39  |
| 55 to 59 | \$12.35       | \$23.01 | \$19.32                   | \$35.94  | \$12.51                     | \$23.16 | \$19.48                  | \$36.09  |
| 60 to 64 | \$16.18       | \$29.02 | \$25.27                   | \$45.27  | \$16.34                     | \$29.18 | \$25.42                  | \$45.42  |
| 65 to 69 | \$19.88       | \$32.91 | \$30.89                   | \$51.99  | \$20.03                     | \$33.07 | \$31.05                  | \$52.14  |
| 70 to 74 | \$27.60       | \$43.52 | \$42.89                   | \$68.83  | \$27.76                     | \$43.68 | \$43.04                  | \$68.99  |
| 75 to 79 | \$38.45       | \$53.72 | \$57.39                   | \$83.06  | \$38.61                     | \$53.87 | \$57.54                  | \$83.21  |
| 80 to 84 | \$49.44       | \$65.89 | \$70.76                   | \$100.86 | \$49.60                     | \$66.05 | \$70.91                  | \$101.02 |
| 85 to 89 | \$61.43       | \$74.62 | \$95.74                   | \$116.68 | \$61.58                     | \$74.78 | \$95.90                  | \$116.83 |
| 90 to 94 | \$61.43       | \$74.62 | \$95.74                   | \$116.68 | \$61.58                     | \$74.78 | \$95.90                  | \$116.83 |
| 95+      | \$61.43       | \$74.62 | \$95.74                   | \$116.68 | \$61.58                     | \$74.78 | \$95.90                  | \$116.83 |

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      | \$2.77        | \$3.35   | \$4.65                    | \$5.59   | \$3.03                      | \$3.62   | \$4.92                   | \$5.85   |
| 25 to 29 | \$3.18        | \$4.24   | \$5.31                    | \$6.98   | \$3.45                      | \$4.51   | \$5.58                   | \$7.25   |
| 30 to 34 | \$3.98        | \$5.89   | \$6.80                    | \$9.93   | \$4.24                      | \$6.16   | \$7.06                   | \$10.20  |
| 35 to 39 | \$5.41        | \$9.34   | \$9.40                    | \$15.96  | \$5.68                      | \$9.60   | \$9.67                   | \$16.22  |
| 40 to 44 | \$7.24        | \$13.22  | \$12.26                   | \$22.10  | \$7.51                      | \$13.48  | \$12.53                  | \$22.37  |
| 45 to 49 | \$10.51       | \$20.81  | \$17.81                   | \$34.70  | \$10.78                     | \$21.08  | \$18.08                  | \$34.97  |
| 50 to 54 | \$16.49       | \$31.85  | \$26.28                   | \$50.79  | \$16.76                     | \$32.11  | \$26.54                  | \$51.06  |
| 55 to 59 | \$23.87       | \$45.18  | \$36.97                   | \$70.20  | \$24.14                     | \$45.45  | \$37.24                  | \$70.47  |
| 60 to 64 | \$31.53       | \$57.21  | \$48.85                   | \$88.86  | \$31.80                     | \$57.48  | \$49.12                  | \$89.12  |
| 65 to 69 | \$38.91       | \$64.99  | \$60.11                   | \$102.30 | \$39.18                     | \$65.26  | \$60.38                  | \$102.57 |
| 70 to 74 | \$54.37       | \$86.21  | \$84.10                   | \$135.99 | \$54.64                     | \$86.48  | \$84.37                  | \$136.26 |
| 75 to 79 | \$76.07       | \$106.60 | \$113.10                  | \$164.43 | \$76.34                     | \$106.87 | \$113.37                 | \$164.70 |
| 80 to 84 | \$98.05       | \$130.95 | \$139.83                  | \$200.05 | \$98.32                     | \$131.22 | \$140.10                 | \$200.32 |
| 85 to 89 | \$122.01      | \$148.41 | \$189.81                  | \$231.68 | \$122.28                    | \$148.67 | \$190.08                 | \$231.95 |
| 90 to 94 | \$122.01      | \$148.41 | \$189.81                  | \$231.68 | \$122.28                    | \$148.67 | \$190.08                 | \$231.95 |
| 95+      | \$122.01      | \$148.41 | \$189.81                  | \$231.68 | \$122.28                    | \$148.67 | \$190.08                 | \$231.95 |

#### Cigna Accidental Injury Insurance

| Bi-Weekly Cost of Coverage: |          |
|-----------------------------|----------|
| Tier                        | Low Plan |
| Employee                    | \$3.49   |
| Employee + spouse           | \$6.13   |
| Employee + child(ren)       | \$6.56   |
| Family                      | \$8.93   |

#### Cigna Hospital Care Insurance

| Bi-Weekly Cost of Coverage: |           |
|-----------------------------|-----------|
| Tier                        | HC Plan 1 |
| Employee Only               | \$8.82    |
| Employee & Spouse           | \$18.79   |
| Employee & Child(ren)       | \$14.50   |
| Employee & Family           | \$24.47   |