# Tobacco Non-Tobacco Non-Tobacco

<table>
<thead>
<tr>
<th>Month</th>
<th>Monthly</th>
<th>Bi-Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$411.64</td>
<td>$411.64</td>
</tr>
<tr>
<td>2</td>
<td>$411.64</td>
<td>$189.99</td>
</tr>
<tr>
<td>3</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Health Plan Hawaii (HMO) - HPH B

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$411.64</td>
<td>$411.64</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$823.28</td>
<td>$284.98</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$1,234.64</td>
<td>$379.91</td>
</tr>
</tbody>
</table>

## Preferred Provider Plan (PPP) - PPH B

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$428.17</td>
<td>$189.99</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$857.16</td>
<td>$284.98</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$1,285.46</td>
<td>$379.91</td>
</tr>
</tbody>
</table>

## Kaiser HMO

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$486.58</td>
<td>$189.99</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$973.16</td>
<td>$284.98</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$1,498.74</td>
<td>$379.91</td>
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## Kaiser Added Choice

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$693.65</td>
<td>$189.99</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$1,387.30</td>
<td>$284.98</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$2,080.95</td>
<td>$379.91</td>
</tr>
</tbody>
</table>

## L95 Prepaid Plan

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$36.90</td>
<td>$17.03</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$73.80</td>
<td>$35.55</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$110.70</td>
<td>$54.00</td>
</tr>
</tbody>
</table>

## D90 Preferred Provider Plan (PPP)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$36.90</td>
<td>$17.03</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$73.80</td>
<td>$35.55</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$110.70</td>
<td>$54.00</td>
</tr>
</tbody>
</table>

## Voluntary Life

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium Per $1,000 Coverage</th>
<th>Bi-Weekly Premium Per $1,000 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Smoker</td>
<td>$1.27</td>
<td>$0.67</td>
</tr>
<tr>
<td>EE Non-Smoker</td>
<td>$0.67</td>
<td>$0.33</td>
</tr>
<tr>
<td>EE Child(ren)</td>
<td>$0.33</td>
<td>$0.17</td>
</tr>
</tbody>
</table>

## Monthly Premium for All Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$42.07</td>
<td>$28.05</td>
</tr>
<tr>
<td>Spouse</td>
<td>$28.05</td>
<td>$17.03</td>
</tr>
</tbody>
</table>

## Cigna Worksite Benefits

### Critical Illness Insurance

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Children</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>$1.32</td>
<td>$1.47</td>
<td>$2.42</td>
<td>$2.66</td>
</tr>
<tr>
<td>$10,000</td>
<td>$2.94</td>
<td>$3.37</td>
<td>$4.42</td>
<td>$4.96</td>
</tr>
<tr>
<td>$15,000</td>
<td>$3.97</td>
<td>$4.48</td>
<td>$5.54</td>
<td>$5.96</td>
</tr>
</tbody>
</table>

## Bi-weekly Cost of Coverage

### Dental

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$6.56</td>
<td>$3.26</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$14.50</td>
<td>$7.21</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$22.10</td>
<td>$11.06</td>
</tr>
</tbody>
</table>

### Life Insurance

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$2.77</td>
<td>$1.39</td>
</tr>
<tr>
<td>EE + One Dependent</td>
<td>$5.35</td>
<td>$2.62</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$8.21</td>
<td>$4.10</td>
</tr>
</tbody>
</table>

## Cigna Hospital Care Insurance

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$6.63</td>
<td>$3.32</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3.32</td>
<td>$1.64</td>
</tr>
</tbody>
</table>

## Cigna Accidental Injury Insurance

<table>
<thead>
<tr>
<th>Plan</th>
<th>Monthly Premium</th>
<th>Bi-Weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Only</td>
<td>$8.93</td>
<td>$4.47</td>
</tr>
<tr>
<td>Spouse</td>
<td>$4.47</td>
<td>$2.24</td>
</tr>
</tbody>
</table>

## Benefits Covered

- Critical Illness Insurance
- Dental
- Life Insurance
- Hospital Care Insurance
- Accidental Injury Insurance