



NSF - Hawaii (Maui) Bi-Weekly REGULAR FULL-TIME PREMIUMS 2021 PLAN YEAR

TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly

MEDICAL

Health Plan Hawaii (HMO)-HPH B

EE Only	\$441.76	\$441.76	\$203.89	\$0.00	\$0.00
EE + One Dependent	\$883.52	\$662.64	\$305.83	\$220.88	\$101.94
EE + Family	\$1,325.00	\$883.38	\$407.71	\$441.62	\$203.82

Preferred Provider Plan (PPO)-PPP B

EE Only	\$458.90	\$458.90	\$211.80	\$0.00	\$0.00
EE + One Dependent	\$917.80	\$688.35	\$317.70	\$229.45	\$105.90
EE + Family	\$1,376.42	\$917.66	\$423.54	\$458.76	\$211.74

Kaiser HMO

EE Only	\$485.25	\$485.25	\$223.96	\$0.00	\$0.00
EE + One Dependent	\$970.50	\$727.88	\$335.94	\$242.63	\$111.98
EE + Family	\$1,455.75	\$970.50	\$447.92	\$485.25	\$223.96

Kaiser Added Choice

EE Only	\$669.32	\$669.32	\$308.92	\$0.00	\$0.00
EE + One Dependent	\$1,338.63	\$1,003.98	\$463.37	\$334.66	\$154.46
EE + Family	\$2,007.95	\$1,338.64	\$617.83	\$669.32	\$308.91

DENTAL

L95 Prepaid Plan

EE Only	\$39.76	\$39.76	\$18.35	\$0.00	\$0.00
EE + One Dependent	\$79.52	\$59.64	\$27.53	\$19.88	\$9.18
EE + Family	\$119.28	\$79.52	\$36.70	\$39.76	\$18.35

D90 Preferred Provider Plan (PPO)

EE Only	\$39.76	\$39.76	\$18.35	\$0.00	\$0.00
EE + One Dependent	\$79.52	\$59.64	\$27.53	\$19.88	\$9.18
EE + Family	\$119.28	\$79.52	\$36.70	\$39.76	\$18.35

VISION

EYEMED

EE Only	\$5.98		\$5.98	\$2.76
EE + Spouse	\$11.36		\$11.36	\$5.24
EE + Child(ren)	\$11.96		\$11.96	\$5.52
EE + Family	\$17.58		\$17.58	\$8.11

LIFE INSURANCE

Voluntary Life	MONTHLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance	EE Smoker	EE Non-Smoker	Spouse	Child(ren)
<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	Spouse		
Employee	\$0.02			
Spouse	\$0.02			

ID and Legal Shield

Bi-Weekly Cost of Coverage:

Plan/Tier	
Legal Shield National Plan	\$7.27
ID Shield National Plan - Individual	\$4.13
ID Shield National Plan - Family	\$5.98

New 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