



Hawaii
2023 PLAN YEAR

Bi-weekly premiums calculated over 26 pay periods

Updated 10/26/2022		TOTAL MONTHLY PREMIUM	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
			Monthly	B-Weekly	Monthly	Bi-Weekly
MEDICAL						
H M S A	Health Plan Hawaii (HMO)-HPH B*					
	EE Only	\$464.16	\$464.16	\$214.23	\$0.00	\$0.00
	EE + One Dependent	\$928.28	\$696.22	\$321.33	\$232.06	\$107.10
	EE + Family	\$1,392.16	\$928.16	\$428.38	\$464.00	\$214.15
	*premiums capped at 5% of salary					
	Preferred Provider Plan (PPO)-PPP B					
	EE Only	\$478.44	\$464.16	\$214.23	\$14.28	\$6.59
	EE + One Dependent	\$956.84	\$696.22	\$321.33	\$260.62	\$120.29
	EE + Family	\$1,435.00	\$928.16	\$428.38	\$506.84	\$233.93
K a i s e r	Kaiser HMO					
	EE Only	\$520.03	\$520.03	\$240.01	\$0.00	\$0.00
	EE + One Dependent	\$1,040.06	\$780.05	\$360.02	\$260.02	\$120.01
	EE + Family	\$1,560.08	\$1,040.06	\$480.03	\$520.03	\$240.01
	Kaiser Added Choice					
	EE Only	\$702.44	\$520.03	\$240.01	\$182.41	\$84.19
	EE + One Dependent	\$1,404.87	\$780.05	\$360.02	\$624.83	\$288.38
	EE + Family	\$2,107.31	\$1,040.06	\$480.03	\$1,067.26	\$492.58

DENTAL						
H M S A	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
	*premiums capped at .5% of salary					

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	BI-WEEKLY PREMIUM PER \$10,000 COVERAGE		
CIGNA Group Insurance	Employee	Spouse	Child(ren)
<25	\$0.31	\$0.60	\$0.55
25-29	\$0.31	\$0.75	
30-34	\$0.35	\$0.97	
35-39	\$0.45	\$1.12	
40-44	\$0.72	\$1.20	
45-49	\$1.21	\$1.80	
50-54	\$1.97	\$2.85	
55-59	\$3.49	\$5.25	
60-64	\$4.29	\$8.10	
65-69	\$7.65	\$15.55	
70-84	\$12.95		
Voluntary AD&D	BI-WEEKLY PREMIUM PER \$10,000 COVERAGE		
CIGNA Group Insurance			
Employee	\$0.92		
Spouse	\$0.92		

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	\$7.82
Legal & ID Shield - Individual	\$10.80
Legal & ID Shield - Family	\$13.94

Cigna Worksite Benefits								
Critical Illness Insurance								
Bi-Weekly Cost of Coverage:								
Benefit Amount: \$5,000								
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$0.90	\$1.05	\$1.58	\$1.82	\$0.98	\$2.44	\$1.66	\$1.89
25 to 29	\$1.01	\$1.27	\$1.75	\$2.16	\$1.08	\$2.92	\$1.83	\$2.24
30 to 34	\$1.20	\$1.68	\$2.12	\$2.90	\$1.28	\$3.81	\$2.20	\$2.98
35 to 39	\$1.56	\$2.54	\$2.77	\$4.41	\$1.64	\$5.68	\$2.85	\$4.49
40 to 44	\$2.02	\$3.52	\$3.48	\$5.94	\$2.10	\$7.78	\$3.56	\$6.02
45 to 49	\$2.84	\$5.41	\$4.87	\$9.10	\$2.92	\$11.90	\$4.95	\$9.18
50 to 54	\$4.33	\$8.17	\$6.99	\$13.12	\$4.41	\$17.87	\$7.07	\$13.20
55 to 59	\$6.18	\$11.51	\$9.66	\$17.97	\$6.25	\$25.09	\$9.74	\$18.05
60 to 64	\$8.09	\$14.51	\$12.63	\$22.63	\$8.17	\$31.61	\$12.71	\$22.71
65 to 69	\$9.94	\$16.46	\$15.46	\$25.99	\$10.02	\$35.83	\$15.53	\$26.07
70 to 74	\$13.80	\$21.76	\$21.45	\$34.42	\$13.88	\$47.32	\$21.52	\$34.50
75 to 79	\$19.23	\$26.86	\$28.70	\$41.53	\$19.31	\$58.36	\$28.77	\$41.61
80 to 84	\$24.72	\$32.95	\$35.38	\$50.43	\$24.80	\$71.55	\$35.46	\$50.51
85+	\$30.72	\$37.31	\$47.87	\$58.34	\$30.79	\$81.01	\$47.95	\$58.42

Benefit Amount: \$10,000								
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	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	\$3.78
25 to 29	\$2.01	\$2.54	\$3.49	\$4.33	\$2.16	\$2.69	\$3.65	\$4.48
30 to 34	\$2.41	\$3.36	\$4.24	\$5.80	\$2.56	\$3.52	\$4.39	\$5.95
35 to 39	\$3.13	\$5.09	\$5.54	\$8.82	\$3.28	\$5.24	\$5.70	\$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	\$18.35
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	\$25.26	\$45.27	\$16.34	\$29.18	\$25.42	\$45.42
65 to 69	\$19.87	\$32.92	\$30.91	\$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	\$38.46	\$53.72	\$57.39	\$83.05	\$38.61	\$53.87	\$57.54	\$83.21
80 to 84	\$49.44	\$65.89	\$70.75	\$100.86	\$49.60	\$66.05	\$70.91	\$101.02
85+	\$61.43	\$74.62	\$95.74	\$116.68	\$61.58	\$74.78	\$95.90	\$116.83

Benefit Amount: \$20,000								
	Employee (EE)		Employee + Spouse (EE+SP)		Employee + Children (EE+CH)		Employee + Family (EE+F)	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<25	\$3.61	\$4.19	\$6.33	\$7.26	\$3.91	\$4.50	\$6.64	\$7.57
25 to 29	\$4.02	\$5.08	\$6.99	\$8.66	\$4.33	\$5.38	\$7.30	\$8.96
30 to 34	\$4.82	\$6.73	\$8.47	\$11.60	\$5.12	\$7.03	\$8.78	\$11.91
35 to 39	\$6.25	\$10.17	\$11.08	\$17.63	\$6.55	\$10.48	\$11.39	\$17.94
40 to 44	\$8.08	\$14.06	\$13.94	\$23.78	\$8.38	\$14.36	\$14.24	\$24.08
45 to 49	\$11.34	\$21.66	\$19.49	\$36.38	\$11.66	\$21.96	\$19.79	\$36.69
50 to 54	\$17.33	\$32.69	\$27.95	\$52.47	\$17.64	\$32.99	\$28.26	\$52.77
55 to 59	\$24.71	\$46.02	\$38.65	\$71.88	\$25.02	\$46.32	\$38.95	\$72.18
60 to 64	\$32.36	\$58.04	\$50.53	\$90.54	\$32.68	\$58.36	\$50.84	\$90.84
65 to 69	\$39.75	\$65.83	\$61.82	\$103.98	\$40.06	\$66.14	\$62.10	\$104.28
70 to 74	\$55.21	\$87.05	\$85.78	\$137.67	\$55.51	\$87.36	\$86.09	\$137.97
75 to 79	\$76.91	\$107.44	\$114.78	\$166.11	\$77.22	\$107.74	\$115.09	\$166.42
80 to 84	\$98.89	\$131.79	\$141.51	\$201.73	\$99.19	\$132.09	\$141.82	\$202.03
85+	\$122.85	\$149.24	\$191.48	\$233.35	\$123.16	\$149.56	\$191.80	\$233.66

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