

Effective January 1, 2019

**COSTS FOR GROUP BENEFIT PLANS
ELIGIBLE REGULAR FULL-TIME & REGULAR PART-TIME (30-39 HOURS)
HAWAII TEAM MEMBERS**

HEALTH BENEFIT PLAN

	Bi-Weekly Paid Non-Tobacco User	Bi-Weekly Paid Tobacco User
You Only	\$9.54	\$26.85
You + Spouse/Domestic Partner	\$73.55	\$90.85
You + Child(ren)	\$73.55	\$90.85
You + Family	\$110.26	\$127.57

DENTAL BENEFIT PLAN

Aetna PPO	Bi-Weekly Paid
You Only	\$5.26
You + Spouse/Domestic Partner	\$12.67
You + Child(ren)	\$12.67
You + Family	\$20.36

Aetna DMO	Bi-Weekly Paid
You Only	\$4.06
You + Spouse/Domestic Partner	\$9.43
You + Child(ren)	\$9.43
You + Family	\$15.21

Note: The Aetna DMO will be offered in all states except Alabama, Alaska, Arkansas, Iowa, Louisiana, Maine, Mississippi, Montana, New Hampshire, North Dakota, South Carolina, South Dakota, Vermont and Wyoming, nor will it be offered in the Territories of Guam or Puerto Rico.

LONG TERM DISABILITY PLAN

The Plan provides for a monthly benefit amount equal to the lesser of:

- 60% of your pre-disability earnings, not reduced by deductible sources of income

Rate per \$1,000 of Coverage		Rate per \$1,000 of Coverage	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$0.078	45 – 49	\$0.360
25 – 29	\$0.078	50 – 54	\$0.503
30 – 34	\$0.098	55 – 59	\$0.599
35 – 39	\$0.152	60 – 64	\$0.533
40 – 44	\$0.258	65+	\$0.386

The cost varies by the above age-banded bi-weekly rates per \$100 of coverage.

Use the following formula to get an estimate of your cost for LTD:

Bi-Weekly (ADM) = Insurance base **times** .05 (round to nearest dollar) **times** above age banded rate **divided by** 100

GROUP OPTIONAL TERM LIFE PLAN (1, 2, 3, 4, 5, 6, 7 or 8 times January 1 annualized earnings)

Rate per \$1,000 of Coverage		Rate per \$1,000 of Coverage	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$.014	45 – 49	\$.042
25 – 29	\$.017	50 – 54	\$.062
30 – 34	\$.021	55 – 59	\$.114
35 – 39	\$.024	60 – 64	\$.180
40 – 44	\$.028	65 – 69	\$.277
		70+	\$.554

Formula: Annualized Earnings **times** 1,2,3,4,5,6,7,8 round up to nearest thousand **times** above amount for age **divided by** 1000

DEPENDENT SPOUSE TERM LIFE PLAN

Rate per \$1,000 of Coverage		Rate per \$1,000 of Coverage	
Age	Bi-Weekly	Age	Bi-Weekly
Less than 25	\$0.023	45 – 49	\$0.069
25 – 29	\$0.028	50 – 54	\$0.106
30 – 34	\$0.037	55 – 59	\$0.198
35 – 39	\$0.042	60 – 64	\$0.305
40 – 44	\$0.046	65 – 69	\$0.586
		70+	\$0.951

Spouse/Domestic Partner — \$10,000 to \$100,000 in increments of \$10,000
 Formula: Annualized Earnings **times** amount for age of Spouse/Domestic Partner **divided by** 1000 based on above table.

DEPENDENT CHILD TERM LIFE PLAN

\$ 5,000 (\$.212 bi-weekly per \$1,000 of coverage); or
 \$10,000 (\$.425 bi-weekly per \$1,000 of coverage); or
 \$20,000 (\$.849 bi-weekly per \$1,000 of coverage).

VISION BENEFIT PLAN

EyeMed	
Standard Plan	Bi-Weekly
You Only	\$ 3.37
You + One	\$6.40
You + Two or More	\$9.40
Deluxe Plan	Bi-Weekly
You Only	\$5.14
You + One	\$9.76
You + Two or More	\$14.34