

**COSTS FOR GROUP BENEFIT PLAN
FIELD REGULAR PART-TIME HAWAII TEAM MEMBERS**

HEALTH 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

Requirement: There is a 4-week waiting period before enrollment takes effect. Due to Hawaii state mandate, regular part-time team members must have same contribution rate as regular full-time team members.

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