



BENEFITS

2014 Monthly COBRA Rates



Total COBRA Rates

	Associate	Associate + Child(ren)	Associate + Spouse	Family
Care Options				
HSA Option 1	\$557.94	\$1,008.78	\$1,166.88	\$1,475.94
HSA Option 2	\$598.74	\$1,084.26	\$1,255.62	\$1,588.14
Out of Area HSA	\$675.24	\$1,228.08	\$1,442.28	\$1,825.80
Hawaii	\$689.52	\$1,207.68	\$1,399.44	\$1,827.84
Onsite Clinic	\$46.35	\$46.35	\$46.35	\$46.35
Dental				
CIGNA DHMO	\$22.54	\$40.84	\$36.76	\$62.63
Delta PPO	\$20.03	\$50.12	\$39.80	\$88.86
Delta Passive PPO	\$37.03	\$82.91	\$70.22	\$135.35
Vision				
	\$6.08	\$13.04	\$12.18	\$20.81
EAP				
	\$1.63			

