



Veolia North America: Hawaii Employees 2026 Employee Contributions



The 2026 employee contributions show what you'll pay for coverage under the Veolia North America benefits plans.

Questions? Call the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST to speak with a representative.

Medical Contributions

	BI-WEEKLY	WEEKLY
HAWAII — PPO		
Employee Only	\$19.20	\$9.60
Employee and 1	\$175.58	\$87.79
Employee and Family	\$263.38	\$131.69

Dental Contributions

	GOLD		SILVER	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$5.38	\$2.69	\$2.28	\$1.14
Employee and Spouse	\$12.75	\$6.38	\$4.35	\$2.17
Employee and Child(ren)	\$11.13	\$5.56	\$4.81	\$2.40
Employee and Family	\$17.77	\$8.89	\$7.27	\$3.63

Vision Contributions

	GOLD		SILVER	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$5.21	\$2.61	\$1.52	\$0.76
Employee and Spouse	\$10.41	\$5.21	\$3.03	\$1.52
Employee and Child(ren)	\$11.14	\$5.57	\$3.25	\$1.63
Employee and Family	\$17.68	\$8.84	\$5.16	\$2.58

Long-Term Disability Insurance

	CORE	BUY-UP
Employee Only	<i>Paid for by Veolia</i>	\$0.210 per \$100

Life Insurance

BASIC	
Employee	<i>Paid for by Veolia</i>
SUPPLEMENTAL EMPLOYEE AND SPOUSE	
AGE (OF EMPLOYEE OR SPOUSE AS OF JANUARY 1, 2026)	MONTHLY PER \$1,000 OF COVERAGE
<29	\$0.048
30-34	\$0.076
35-39	\$0.086
40-44	\$0.095
45-49	\$0.143
50-54	\$0.219
55-59	\$0.409
60-64	\$0.627
65-69	\$1.207
70+	\$1.957
SUPPLEMENTAL DEPENDENT CHILD	
\$25,000 per child	MONTHLY \$1.250

Accidental Death and Dismemberment Insurance

	BASIC	SUPPLEMENTAL <i>(Monthly per \$1,000 of coverage)</i>
Employee Only	<i>Paid for by Veolia</i>	\$0.020
Employee and Family		\$0.035

Voluntary Group Legal

	MONTHLY
Employee Only	\$18.00
Employee and Family	\$23.00

Voluntary ID Theft Protection

	MONTHLY
Employee Only	\$8.95
Employee and Family	\$16.95

Voluntary Critical Illness

\$10,000 Coverage Rates (Each dependent child is covered at 50% of the primary insured's benefit amount at no additional charge)

	MONTHLY	
	EMPLOYEE	EMPLOYEE AND SPOUSE/FAMILY
Ages 18-25	\$4.15	\$8.05
Ages 26-30	\$5.24	\$10.23
Ages 31-35	\$6.06	\$11.87
Ages 36-40	\$7.74	\$15.23
Ages 41-45	\$9.18	\$18.11
Ages 46-50	\$10.81	\$21.37
Ages 51-55	\$16.40	\$32.55
Ages 56-60	\$16.19	\$32.13
Ages 61-65	\$32.23	\$64.22
Ages 66+	\$55.98	\$111.71

\$20,000 Coverage Rates (Each dependent child is covered at 50% of the primary insured's benefit amount at no additional charge)

	MONTHLY	
	EMPLOYEE	EMPLOYEE AND SPOUSE/FAMILY
Ages 18-25	\$6.86	\$13.22
Ages 26-30	\$9.03	\$17.56
Ages 31-35	\$10.68	\$20.87
Ages 36-40	\$14.04	\$27.58
Ages 41-45	\$16.91	\$33.32
Ages 46-50	\$20.18	\$39.86
Ages 51-55	\$31.35	\$62.21
Ages 56-60	\$30.93	\$61.37
Ages 61-65	\$63.03	\$125.56
Ages 66+	\$110.52	\$220.54

Voluntary Group Hospital Indemnity

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$20.02	\$10.02
Employee and Spouse	\$40.54	\$20.28
Employee and Child(ren)	\$33.02	\$16.50
Employee and Family	\$53.54	\$26.76

Voluntary Group Accident

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$10.37	\$5.73
Employee and Spouse	\$17.40	\$9.87
Employee and Child(ren)	\$20.92	\$11.77
Employee and Family	\$27.95	\$15.91