

## RCUH Retiree Health Insurance Monthly Premium Rates

### January 1, 2026 to June 30, 2026

HMSA	Jan - June 2026	
Non-Medicare Plans (+ Drug + Chiro)	Single	2-Party
Comprehensive Medical Basic - Retiree	\$700.18	\$1,400.38
Comprehensive Medical - Retiree	\$812.68	\$1,625.42
Preferred Provider Plan - Retiree	\$1,026.14	\$2,052.40
HMSA HMO – Retiree	\$939.66	\$1,879.42
Medicare Advantage Plan (+ Drug + Chiro)	Single	2-Party
Akamai Advantage Prime MA	\$246.26	\$492.52

Kaiser	Jan - June 2026	
Non-Medicare Plan (+ Drug)	Single	2-Party
Retirees – Med & Drug - 011	\$531.12	\$1,062.24
Medicare Advantage Plan (+ Drug)	Single	2-Party
Senior Advantage - Med & Drug - 006	\$327.44	\$654.88

**NOTES:**

- ❖ **Rates are confirmed through June 30<sup>th</sup>, 2026, subject to change every 6 months**
- ❖ Retirees under the age of 65 will be enrolled in one of RCUH's Active Plans and must enroll in one of our Medicare eligible plans the month they turn 65.
- ❖ Retirees may change plans only during the open enrollment period.
- ❖ We do not offer RCUH Retiree Dental Coverage.

Please see back side for **Payment Details and Contact Information.**

For general inquiries on eligibility, enrollment, rates, and assistance with forms, please contact the RCUH Employee Benefits Section:

Phone: (808) 956-6979 or (808) 956-2326  
Email: rcuh\_benefits@rcuh.com

For specific coverage inquiries or current claim questions, contact your respective carrier customer service representative (see contact information below).

# Payment Details and Contact Information

## HMSA Retiree Medical

Retirees will pay HMSA directly via the following payment options:

- ❖ Payment Option 1: Bill Pay Service
  - Notify RCUH Employee Benefits in writing that you would be electing Bill Pay Service
  - Set up HMSA as a payee with your Financial Institution
  - Checks to be mailed to: HMSA  
PO Box 29200  
Honolulu, HI 96820
- ❖ Payment Option 2: Automatic Dues Payment
  - Complete the Automatic Payment
  - HMSA will automatically pull payment directly from your bank account

Due Dates:

- Active Plans: Due date of payment is the 1<sup>st</sup> of the month of coverage you are paying for
- Akamai Advantage Members: Due date of payment is the 5<sup>th</sup> of the month of coverage you are paying for

For specific coverage inquiries or current claim questions, contact an HMSA customer service representative based on your existing plan:

- Preferred Provider Plan & Comp MED: (808) 948-6111 or (800) 660-4672
- HMO: (808) 948-6372
- Akamai Advantage: (808) 948-6000; (800) 660-4672

For Bill Pay Service or Automatic Dues Payment inquiries, please contact HMSA Membership: (808) 948-6174 option 2 and mention that you are a RCUH retiree.

## Kaiser Retiree Medical

Retirees will pay Kaiser directly via Electronic Funds Transfer (EFT). You have the option to choose the type of direct payment:

- ❖ Payment Option 1: Electronic Funds Transfer – Checking Account or Savings Account
  - Complete the Kaiser Permanente Payment Selection Form
  - Attach a voided check, deposit slip, or bank letter
  - Payments will be automatically deducted between the 1<sup>st</sup> and the 5<sup>th</sup> of the month of coverage
- ❖ Payment Option 2: Electronic Funds Transfer – Credit Card
  - Complete the Kaiser Permanente Payment Selection Form
  - Payments will automatically be charged to your credit card on a monthly basis. This charge is processed 10 days prior to the bill due date

For specific coverage inquiries or current claim questions, contact Local Membership Administration Reps at (808)-432-5310.

For appointment scheduling or selecting a primary care physician, contact Care Transition Team: (808) 643-5744.

For questions about payment, please call Member Services toll free at 1-(888)-241-1457.