

Retiree Monthly Health Insurance Premiums

July 1, 2026 – December 31, 2026

HMSA Medical Plans (Includes Drug & Chiropractic)	Single	2-Party
Non-Medicare		
HMSA Comprehensive Medical Basic – Retiree	\$671.16	\$1,342.32
HMSA Comprehensive Medical – Retiree	\$777.30	\$1,554.68
HMSA Preferred Provider – Retiree	\$978.74	\$1,957.58
HMSA HMO – Retiree (In-Network: Limited to Hawaii Locations Only)	\$897.14	\$1,794.36
Medicare		
HMSA Akamai Advantage Prime MA	\$250.20	\$500.40

Kaiser Medical Plans (Includes Drug)	Single	2-Party
Non-Medicare		
Kaiser Retirees 011 (In-Network: Limited to Hawaii Locations Only)	\$531.12	\$1,062.24
Medicare		
Kaiser Senior Advantage 006 (In-Network: Limited to Hawaii Locations Only)	\$323.96	\$647.92

Important Notes:

- Premium rates are confirmed through **December 31, 2026** and are subject to change every 6 months.
- Retirees must enroll in one of our Medicare eligible plans the month they turn 65
 - Please submit your [HMSA Akamai Advantage Form](#) or [Kaiser Senior Advantage Form](#) in advance!
- Retirees will have the opportunity to change plans during the RCUH Open Enrollment period
 - The RCUH Employee Benefits team will contact you directly leading up to the Open Enrollment period
- RCUH does not offer retiree dental coverage
- Please review the [RCUH Retirees](#) webpage for key information & resources

Questions? Please contact the RCUH Employee Benefits team at:

- Email: rcuh_benefits@rcuh.com
- Phone: (808) 956-2326, (808) 956-6979, or (808) 956-7055

Retiree Payment Details & Contact Information

Retirees will pay their health insurance premiums directly to the respective vendor. After enrollment, covered members can expect to receive their ID cards & correspondence from the vendor in the mail to their address on file with RCUH. For specific coverage inquiries or claim questions, please contact the vendor's customer service representative.

HMSA Retiree Medical

- **Payment Options:**
 - Automatic Payment: HMSA will automatically pull payment directly from your bank account
 - Set up automatic payments via [eInvoice Connect in HMSA's My Account](#) or by submitting a manual [HMSA Automatic Payment Application](#)
 - Payments by Mail: Member mails payment via check to HMSA
 - Set up HMSA as a payee with your Financial Institution
 - HMSA
PO Box 29200
Honolulu, HI 96820
- **For specific coverage inquiries and claim questions, please contact an HMSA Customer Service Representative by Plan:**
 - HMSA Preferred Provider & Comprehensive Medical: 808-948-6111
 - HMSA HMO: 808-948-6372
 - HMSA Akamai Advantage: 808-948-6000
- **For payment inquiries, please contact:**
 - HMSA Membership Services: 808-948-6140

Kaiser Retiree Medical

- **Payment Options:**
 - Kaiser Automatic Payment: Kaiser will automatically pull payment directly from your bank account
 - Set up automatic payments at kp.org/payonline
 - Payments by Mail: Member mails payment via check to Kaiser
 - Set up Kaiser as a payee with your Financial Institution
 - Kaiser Foundation Health Plan, Inc.
P.O. Box 30820
Honolulu, HI 96820-0820
 - Payments by Phone: Payments can be made by phone 24/7
 - Kaiser Hawaii Payments: 877-578-2700
- **For specific coverage, claim, and payment inquiries, please contact:**
 - Kaiser Member Services: 1-800-966-5955
- **For appointment scheduling, pharmacy services, and 24/7 advice, please contact:**
 - Kaiser Care Line: 1-833-833-3333

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 30th, 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 1st of the month of coverage you are paying for
- Akamai Advantage Members: Due date of payment is the 5th 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 1st and the 5th 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.