



RCUH Retiree Health Insurance Monthly Premium Rates January 1, 2025 to June 30, 2025

HMSA	January - June 2025	
Under Age 65 (including Drug + Chiro)	Single	2-Party
Comprehensive Medical Basic - Retiree	\$639.80	\$1,279.62
Comprehensive Medical - Retiree	\$743.68	\$1,487.42
Preferred Provider Plan - Retiree	\$940.80	\$1,881.70
HMSA HMO – Retiree (former Health Plan Hawaii Plus)	\$860.94	\$1,721.96
Age 65 + (Medicare Advantage Plan including Drug + Chiro)	Single	2-Party
Akamai Advantage Prime MA	\$230.70	\$461.40

Kaiser (including Drug)	January - June 2025	
Under Age 65	Single	2-Party
Retirees – Med & Drug - 011	\$519.70	\$1,039.40
Age 65 + (Medicare Advantage Plan)	Single	2-Party
Senior Advantage - Med & Drug - 006	\$344.21	\$688.42

NOTES:

- ❖ **Rates are confirmed through June 30, 2025, 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 inquires 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 inquires 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 be 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 inquires 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.