

# RATE SHEET

## HAWAII FARM BUREAU FEDERATION GROUP MEDICAL AND DENTAL INSURANCE RATE EFFECTIVE

06/01/08

(Rates Subject to Change)

	<u>SINGLE</u>	<u>FAMILY</u>
<b><u>HDS HAWAII DENTAL SERVICE</u></b> (1892-001)	42.40 (HDS01)	114.10 (HDS02)
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<b><u>HMSA</u></b> HEALTH PLAN HAWAII (HMO) (3398)	<b><u>SINGLE</u></b> 472.46 (HMSA16)	<b><u>FAMILY</u></b> 1,333.88 (HMSA17)
PREFERRED PROVIDER PLAN ONLY (3398)	388.44 (HMSA 05)	1,078.56 (HMSA06)
PREFERRED PROVIDER PLAN W/ RIDERS (3398)	526.24 (HMSA01)	1,495.02 (HMSA02)
COMP MED MEDICAL ONLY	367.72 (Compmed1)	1,020.70 (Compmed2)
COMP MED W/ RIDERS	505.52 (Compmed3)	1,437.16 (Compmed4)
<b><u>SENIOR PLAN</u> (REQUIRES MEDICARE PARTS A &amp; B)</b>		
SENIOR 65 C+ w/ Drug Coverage (84064)	357.72 (HMSA07)	
SENIOR 65C+ (Medical Only) (98802-1)	90.80 (HMSA23)	

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*(Turn page over for more details)*

**IMPORTANT:** ALL COMPLETED FORMS MUST BE TURNED IN TO HFBF. IF ALTERED (TAKEN APART), YOU WILL HAVE TO FILL OUT THE FORMS AGAIN.

FOR MORE INFORMATION PLEASE CALL **848-2074**, NEIGHBOR ISLANDS CALL **1- 800- 482-1272**.

**NOTES:** INVOICES ARE MAILED OUT THE FIRST (1<sup>ST</sup>) OF EVERY MONTH AND ARE DUE BY THE 20<sup>TH</sup> OF EACH MONTH FOR THE FOLLOWING MONTHS COVERAGE. MAKE CHECK(S) PAYABLE TO HAWAII FARM BUREAU FEDERATION.

**NEW MEMBERS:**

MUST BE HFBF MEMBER FOR THREE (3) MONTHS TO BE ELIGIBLE FOR MEDICAL/DENTAL BENEFITS.

FILL OUT AND SIGN THE APPLICATION CARD(S) COMPLETELY. MAIL THE CARD(S) TO HAWAII FARM BUREAU FEDERATION. ONCE ELIGIBLE, YOU WILL BE BILLED FOR YOUR FIRST MONTH'S PREMIUM.

**TO ALL MEDICAL SUBSCRIBERS:**

ALL MEMBERS TAKING MEDICAL, DENTAL INSURANCE MUST PAY THEIR PREMIUM BY THE 20<sup>TH</sup> OF EACH MONTH TO AVOID **AUTOMATIC CANCELLATION.** ALL 30 DAYS OVERDUE WILL BE SUBJECT TO A TERMINATION WITHOUT NOTICE. ALL POLICIES TERMINATED DUE TO DELINQUENCY WILL NOT BE REINSTATED. VOLUNTARY CANCELLATION WILL NOT BE REINSTATED FOR ONE YEAR AFTER CANCELLATION EXCEPT FOR EXTENUATING CIRCUMSTANCES.