

RATE SHEET

HAWAII FARM BUREAU FEDERATION GROUP MEDICAL AND DENTAL INSURANCE RATE EFFECTIVE 06/01/11

	<u>SINGLE</u>	<u>FAMILY</u>
<u>HDS HAWAII DENTAL SERVICE</u>	43.94 (HDS01)	119.54 (HDS02)

<u>HMSA</u>	<u>SINGLE</u>	<u>FAMILY</u>
HEALTH PLAN HAWAII (HMO) (3398) (PKG 36)	715.60 (HMSA16)	2011.86 (HMSA17)
PREFERRED PROVIDER PLAN ONLY (3398) (PKG 1)	645.14 (HMSA05)	1793.04 (HMSA06)
PREFERRED PROVIDER PLAN W/ RIDERS (3398) (PKG 10)	791.76 (HMSA01)	2236.18 (HMSA02)
COMP MED MEDICAL ONLY (3398) (PKG 81)	612.48 (Compmed1)	1,701.92 (Compmed2)
COMP MED W/RIDERS (3398) (PKG 80)	759.10 (Compmed3)	2145.06 (Compmed4)

SENIOR PLAN(REQUIRES MEDICARE PARTS A & B)

AKAMAI ADV ASSURED (84064) (PKG 001)	303.22 (HMSA07)
AKAMAI ADV PREFERRED (18140) (PKG 001)	54.70 (HMSA24)
SENIOR 65 C+ (MEDICAL ONLY) (98802) (PKG 10)	91.00 (HMSA23)

IMPORTANT: ALL COMPLETED FORM MUST BE RETURNED IN TO HFBF. IF ALTERED (TAKENAPART), 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 (1ST) OF EVERY MONTH AND ARE DUE BY THE 20TH 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 20TH 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.