

RCUH EMPLOYEE BENEFITS DEDUCTION SCHEDULE

*If pay day occurs on a weekend or holiday, it will be the business day prior.

**Enrollment into benefit does not guaranteed claim will be approved. Benefit claim will be submitted to the (applicable) provider for review and approval.

| Employee Benefit (if enrolled) Bold indicates automatic enrollment once eligible | Enroll/ Make Changes During OE | Enroll/Make Changes Outside of OE (i.e., do not have to wait for OE) | 1 st – 15 th Pay Period (*Pay day = 22 nd of same month) | 16 th – End of the Month Pay Period (*Pay day = 7 th of following month) | Employee Deductions (from employee paycheck) | Employer Paid |
|---|--|--|--|---|--|------------------------------|
| Medical | ✓ | Typically, not allowed. May be allowed with a Qualifying Life Event. | | ✓ | ✓ Employee portion | ✓ Employer Portion |
| Dental | ✓ | Typically, not allowed. May be allowed with a Qualifying Life Event. | | ✓ | ✓ Employee portion | ✓ Employer Portion |
| Flexible Spending Account Healthcare (“ Medical Expense Reimbursement ” on pay statement) | ✓ If continuing, you must re- enroll. Re- enrollment is not automatic. | No cancellations. Changes may be allowed with a Family Status Change. | ✓ | ✓ | ✓ | |
| Flexible Spending Account Dependent Care (“ Dependent Expense Reimbursement ” on pay statement) | ✓ If continuing, you must re- enroll. Re- enrollment is not automatic. | No cancellations. Changes may be allowed with a Family Status Change. | ✓ | ✓ | ✓ | |

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|---|---|---|--|---|---|------------------|
| PreTax Parking ("Parking Reimbursement" on pay statement) | | ✓ | ✓ | | ✓ | |
| PreTax Transit ("Bus Pass Spending Account" on pay statement) | | ✓ | ✓ | | | |
| Group Retirement Annuity (GRA) 401(a) | | | ✓ | ✓ | | ✓ |
| Supplemental Retirement Annuity (SRA) 403(b) ("Tax Sheltered Annuity" on pay statement) | | ✓ | ✓ | ✓ | ✓ | |
| **Life Insurance | ✓ Change amount (may require medical underwriting) | | ✓ | | | ✓ |
| **Long Term Disability | | | ✓ | | | ✓ |
| **Long Term Care | | | ✓ | | | ✓ |
| **Supplemental Long Term Care (additional coverage on top of base Long Term Care) | ✓ May enroll self and/or add eligible family members | | ✓ | | ✓ If you enroll for yourself, this will be deducted from your paycheck. If you enroll an eligible family member, you will pay this directly to UNUM. | |