



Research Corporation
of the University of Hawai'i

RCUH GUIDE TO BENEFITS

EFFECTIVE JULY 1, 2026



RCUH Employee Benefits



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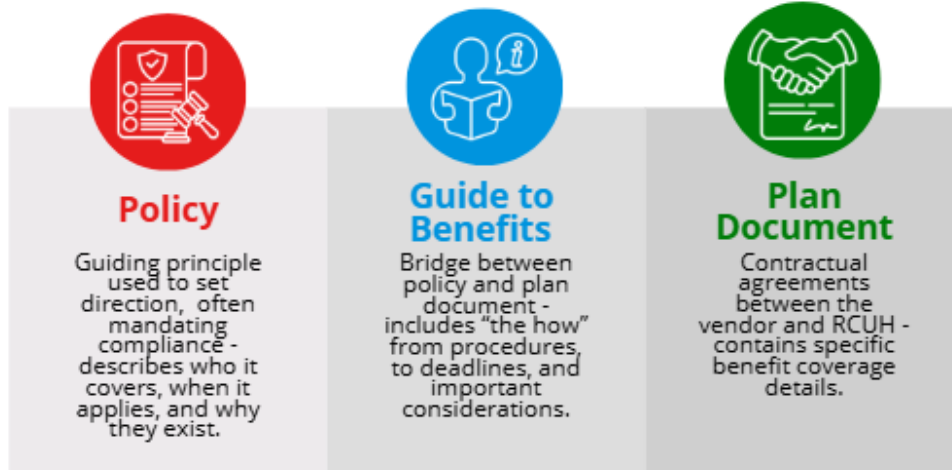
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Individuals with Special Needs: This guide can be made available to individuals who have special needs or who need auxiliary aids for effective communication as required by the Americans with Disabilities Act of 1990. Please contact the RCUH Human Resources Employee Benefits section at (808) 956-6979 or (808) 956-2326.

Disclaimer: This is an overview of the provisions of RCUH Employee Benefits. Specific terms and conditions and other provisions can be found in the respective plan agreements and/or administrative plan document. Nothing in this guide is intended to amend, change, or contradict these documents. This guide is not a legal document or contract and the information in this guide is not intended as legal advice or to create any legal or contractual liabilities. The RCUH Board of Directors in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their spouses, partners, and dependents. Nothing in this guide gives any individual the right to continued benefits beyond the time RCUH modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefit programs and RCUH's right to modify, amend, or terminate them.

Welcome to the RCUH Guide to Benefits

We are excited to provide you with this resource designed to help you understand and make the most of your RCUH employee benefits. The [RCUH Guide to Benefits](#) is intended to help you find information about the RCUH employee benefits in a structured, clear way to help bridge the gap between the benefit policies and the plan document from each respective benefit vendor.



Inside this guide you will find coverage details, eligibility requirements, enrollment deadlines, and key considerations regarding our employee benefits. Your health and well-being are important to us, and our goal is to provide you with the information you need to make informed decisions best for you and your family. Whether you are a new employee or a long-time member of the RCUH team, this guide will help you navigate your benefits with confidence.

We encourage you to review this guide carefully and refer to it whenever you have questions about your benefits. If you need further assistance, the RCUH Employee Benefits team is always here to help.

RCUH Employee Benefits Contact Information:

Contact For	Website	Email	Phone
Benefit-related questions: Eligibility, enrollments, deductions, topics covered in this guide, etc.	RCUH Benefits Webpage	rcuh_benefits@rcuh.com	(808) 956-6979 (808) 956-2326 (808) 956-7055

Benefit plan terms may depend on the laws of the state where you work or reside. Nothing in this guide creates a contract or guarantees ongoing benefits. If this guide conflicts with a formal plan document, the plan document governs. Please consult RCUH Human Resources or your plan administrator for guidance about your specific circumstances.

Benefits 101: Key Concepts & Resources

Introduction to Benefits:

Employee benefits are more than just perks - they're essential tools that support your health, financial security, and overall well-being. Enrolling in benefits helps to protect you and your family, giving peace of mind and stability for life's unexpected moments and long-term planning.

Benefit Responsibilities: Employee, RCUH HR, and Vendors

- **Employee's Role:**
 - Review your benefit options and understand how each plan works
 - Be aware of benefit change requirements, timelines, and deadlines
 - Maintain a record of your benefit elections and regularly review email communications and announcements from RCUH HR through Employee Self-Service or on the **RCUH website**
 - Adhere to **RCUH policies**, including those relating to benefits
- **RCUH's Role:**
 - Provide eligible employees with access to benefit programs
 - Educate employees on their benefit options, and **provide resources** to help employees make informed decisions
 - Manage benefit administration in accordance with legal and regulatory requirements
 - Act as a liaison between employees and benefit vendors
- **Benefit Vendors:**
 - Maintain benefit plans, handle claims, and provide support directly to employees
 - Ensure their plans meet applicable laws and regulations
 - Collaborate with RCUH to ensure enrollment accuracy

What are employee benefits and why do they matter?

Employee benefits include programs and resources designed to:

- **Protect Your Health:** Medical and dental insurance ensures that you have access to care when you need it.
- **Provide Financial Security:** Retirement plans and life insurance help safeguard your future.
- **Support Your Well-Being:** Flexible Spending Accounts, paid time off, and mental health resources help you to meet your needs both at work and at home.
- **Foster Peace of Mind:** Life Insurance and Long-Term Disability help to provide security in unexpected situations

Benefits 101: Key Concepts & Resources

When can you enroll or make changes to your benefits?

Eligible employees have specific opportunities to enroll in or make changes to their benefits:

- **New Hire Enrollment:** As a new hire or rehire with RCUH, you'll have the opportunity to enroll in benefits based on your eligibility (see Benefits Overview by Status & FTE on page 9).
 - Transfers with no break-in-service will not be able to make changes to their benefits upon transfer into the new position
- **Annual Open Enrollment Period:** The RCUH Open Enrollment period occurs every year around late April-mid May, allowing eligible employees to review and update their benefit elections for the upcoming plan year.
 - **RCUH Plan Year:** July 1st - June 30th
- **Qualifying Life Event (QLE):** Eligible employees who experience a QLE will have 30 days following the major life event (e.g. marriage, birth/adoption of a child, involuntary loss of coverage, etc.) to submit their request to enroll in health insurance with RCUH. Enrollments past the 30-day deadline will not be accepted.

What changes can you make to your benefits outside of Open Enrollment?

- Voluntarily cancel/waive medical and/or dental insurance
- Voluntarily drop dependents from your medical and/or dental insurance
- Enroll in or add eligible dependents to your medical and/or dental insurance plan with a QLE
- Enroll in, change, or cancel your Pre-Tax Transportation Benefits (PTBP)
- Change your Flexible Spending Account (FSA) elections with an IRS-qualified Family Status Change
- Update your life insurance beneficiaries via Employee Self-Service (ESS)
- Enroll in, change, or cancel contributions to a Supplemental Retirement Annuity (SRA) 403(b).

Important Benefit Considerations:

When enrolling in benefits, it's important to understand the following considerations and situations that can impact your coverage and costs. Being informed can help you to plan and prevent any unexpected changes!

Eligibility Changes:

Benefit eligibility is determined by your employment status (e.g. Regular, Non-Regular, Non-Recruited) and your Full-Time Equivalency (FTE). Your eligibility may be impacted in the following circumstances:

Benefits 101: Key Concepts & Resources

- **FTE Change:** Certain benefits require a minimum FTE to qualify. If your FTE falls below this threshold, you may lose eligibility for those benefits and your coverage may be terminated. Please see the [Benefits Overview by Status & FTE](#) for specific eligibility requirements.
 - **Impact on Medical & Dental Insurance:** If your FTE decreases and your earnings are insufficient to cover premium costs, your coverage will be terminated. In this case, you would be issued a **COBRA** notice to allow for continuation under our group plan.
- **Leave Without Pay (LWP) and Leave of Absence (LOA):** If you take unpaid leave during a pay period and do not have enough earnings to cover your benefit premiums (i.e. medical and dental premiums in the 16th-end of the month pay period), your coverage will be terminated until you return to work in a full capacity.
 - Employer-paid benefits will be automatically reinstated upon return to work, but health insurance reinstatement will require the employee to provide enrollment paperwork to RCUH Employee Benefits within 30-days of return. Certain benefit premiums may need to be back-collected (e.g. FSA Healthcare) upon return to work.
- **Employees are encouraged to review their benefits whenever an FTE change or unpaid leave occurs and contact the RCUH Employee Benefits team for questions/concerns.**

Choosing the Right Benefits for Your Situation

- **Evaluate your personal and financial needs**
 - Ask yourself:
 - What is my family size?
 - What is my health history?
 - What are my financial goals?
 - What is most important to me?
- **Premium Cost vs. Plan Coverage:** When choosing a health insurance plan (if eligible), it's important to look beyond the monthly premium. While the premium is the amount you pay each month for coverage, it does not reflect the full cost of care or the level of protection that the plan provides.
 - **Premiums:** Lower premiums may seem attractive, but these plans may come with higher deductibles, copays, and out-of-pocket maximums.
 - **Coverage Details:** Higher premium plans typically offer lower out-of-pocket costs and broader coverage, which can be beneficial if you expect frequent medical care or have

Benefits 101: Key Concepts & Resources

ongoing health needs.

- **Health Insurance PPO vs. HMO:**
 - **Health Maintenance Organization (HMO):**
 - **Network-Based Care Only:** You must see doctors and specialists within the HMO network. Out-of-network care isn't covered.
 - **Primary Care Physician (PCP) Required:** Must select a PCP who coordinates your care and provides referrals to specialists.
 - **Lower Cost Structure:** Typically offers lower premiums, deductibles, and out-of-pocket expenses with fixed copays
 - **Preferred Provider Organization (PPO)**
 - **More Provider Choice:** See any provider, both in-network and out-of-network. Coverage is better in-network, but out-of-network visits are still covered (at a higher cost)
 - **No Referrals:** You can visit specialists directly without needing prior approval from a PCP.
 - **Higher Premiums:** PPOs offer greater flexibility, but come with higher monthly premiums, deductibles, and possible balance bills when going out-of-network.
- **Every plan is different.** Before enrolling, please consider:
 - **Deductibles & Copays:** How much will you pay before insurance starts covering costs?
 - **Network Providers:** Are your preferred doctors and facilities included?
 - **Prescription Coverage:** Does the plan cover your medications at a rate you can afford?
 - **Additional Services:** What is the cost for diagnostic lab tests, emergency care, vision exams, and other services?
- **Please review the [Health Insurance section on page 11 of this guide for health plan, cost, & coverage details.](#)**
- **Options Outside of RCUH:** Although RCUH offers a range of benefits, there are alternative coverage options that may better suit your needs or life stage. These alternatives can provide flexibility, supplemental protection, or cost savings depending on your situation.
 - **Types of Alternatives:**
 - Coverage through a spouse or partner
 - Public programs (e.g. Health Insurance Marketplace and Med-QUEST)
 - Private or individual plans

Benefits 101: Key Concepts & Resources

- Supplemental benefits to increase coverage thresholds

Order of Payroll Deductions

The following chart illustrates the order in which payroll deductions are applied for voluntary benefit elections (as applicable):



Please note that premiums/contributions can only be deducted if there are sufficient earnings to cover them.

How to Review Your Current Benefit Elections

After enrolling in benefits, employees can review and manage their benefit elections at any time in **Employee Self-Service (ESS)**.

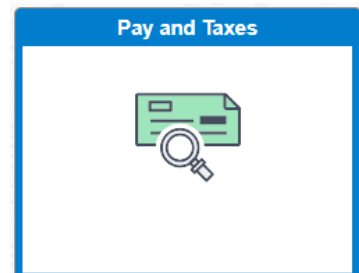
- **Employee Benefits tile:**

- **Benefits Summary:** Allows Regular-Status employees 50% FTE or above to review their benefits by effective date (Please see **Understanding Your Benefit Summary**)
- **Life Insurance Beneficiary:** Allows eligible employees to review & update their beneficiaries
- **Open Enrollment History:** Contains records of an employee's past benefit elections made during Open Enrollment
 - Open Enrollment will be available for eligible employees in ESS during April-May each year (changes effective in the new plan year beginning 7/1/20XX)



- **Pay Statement:**

- Employees can review their Pay Statement in ESS via the Pay and Taxes tile, which will reflect (Please see **Understanding Your Pay Statement**):
 - Employee and employer-paid benefit deductions each pay period
 - Vacation and sick balances following each pay period



Benefits 101: Key Concepts & Resources

Benefits Overview by Status & FTE:

Benefit	RCUH Policy	Enrollment Type	Regular-Status Employee Eligibility	Non-Recruited Employee Eligibility (Temporary, Student, Intermittent)
Medical Insurance	3.520	Voluntary	50% FTE and above	May be eligible under Policy 3.520B
Dental Insurance	3.520	Voluntary	50% FTE and above	Not Eligible
Flexible Spending Accounts	3.530	Voluntary	50% FTE and above	Not Eligible
Pre-Tax Transportation Accounts	3.530A	Voluntary	50% FTE and above	Not Eligible
Group Retirement Annuity (GRA) 401(a)	3.560	Automatic	50% FTE and above	Not Eligible
Supplemental Retirement Annuity (SRA) 403(b)	3.560	Voluntary	Any FTE	Any FTE
Life Insurance	3.540	Automatic	75% FTE and above	Not Eligible
Long-Term Disability	3.570	Automatic	75% FTE and above	Not Eligible
Tuition Expense Reimbursement	3.460	Voluntary	100% FTE	Not Eligible
Vacation Leave (paid time off)	3.620	Automatic	50% FTE and above (for accrual) Available to use for all employees with a vacation balance	Not Eligible
Sick Leave (paid time off)	3.640	Automatic	50% FTE and above TDI/ASL may be available to all employees	Not Eligible TDI/ASL may be available to all employees
Other Paid Leaves (Bereavement, Jury Duty, Blood Donation, Parent-Teacher Conference, Military Leave, Victim's Leave)	Various	N/A (refer to policies)	Any FTE	Not Eligible May be eligible for Leave of Absence; contact RCUH Employee Benefits
Holidays	3.344	Automatic	Any FTE	Not Eligible
UH ID Card	3.610	Voluntary	Any FTE	Not Eligible Temporary employees may be eligible
Family & Medical Leave	3.660	N/A (refer to policy)	Refer to Policy Contact RCUH Employee Benefits	Refer to Policy Contact RCUH Employee Benefits
Workers' Compensation	3.590	Automatic (see policy for procedures)	Any FTE UH Marine Center employees: ship/sea operations covered by Jones Act	Eligible
Service Awards	3.440	N/A (refer to policy)	Any FTE	Not Eligible
Outstanding Employee of the Year	3.450	N/A (refer to policy)	Any FTE	Not Eligible

Please refer to each **policy** and the sections in this guide for full eligibility requirements.

Benefits 101: Key Concepts & Resources

Benefit Matrix:

Benefit	Paid By	Mid-Plan Year Enrollment/Change Allowed?	Deadline to Submit Enrollment/Change Form	Effective Date of Coverage	Deduction Pay Period	Reflected on Pay Stub
Medical Insurance	Employee (40%) Employer (60%)	No, unless you're within 30 days of experiencing a QLE.	20 th of the month (e.g. 6/20/2026)	1 st of the following month (e.g. 7/1/2026)	16 th -end of the month (e.g. 6/16/2026-6/30/2026)	7 th (e.g. 7/7/2026)
Dental Insurance	Employee (40%) Employer (60%)	No, unless you're within 30 days of experiencing a QLE.	20 th of the month (e.g. 6/20/2026)	1 st of the following month (e.g. 7/1/2026)	16 th -end of the month (e.g. 6/16/2026-6/30/2026)	7 th (e.g. 7/7/2026)
FSA Healthcare	Employee Admin fee paid by employer.	No, but change may be allowed if there's an IRS-qualified family status change.	N/A	1 st of the month following date of hire	Both	Both
FSA Dependent Care	Employee Admin fee paid by employer.	No, but change may be allowed if there's an IRS-qualified family status change.	N/A	1 st of the month following date of hire	Both	Both
Pre-Tax Parking	Employee Admin fee paid by employer.	Yes	10 th of the month (e.g. 6/10/2026)	1 st of the current month (e.g. 6/1/2026)	1 st -15 th (e.g. 6/1/2026-6/15/2026)	22 nd (e.g. 6/22/2026)
Pre-Tax Transit (Bus Pass)	Employee Admin fee paid by employer.	Yes	10 th of the month (e.g. 6/10/2026)	1 st of the following month (e.g. 7/1/2026)	1 st -15 th (e.g. 6/1/2026-6/15/2026)	22 nd (e.g. 6/22/2026)
Group Retirement Annuity (GRA) 401(a)	Employer	N/A, automatic enrollment upon reaching eligibility	N/A	1 st of the month	Both	Both
Supplemental Retirement Annuity (SRA) 403(b)	Employee	Yes	10 th of the month (e.g. 6/10/2026) or 25 th of the month (e.g. 6/25/2026)	1 st of the month (e.g. 6/1/2026) or 16 th of the month (e.g. 6/16/2026)	Both (e.g. 6/22/2026 or 7/7/2026)	Both (e.g. 6/22/2026 or 7/7/2026)
Life Insurance	Employer	No	N/A	1 st of the month following date of hire	1 st -15 th	22 nd
Long-Term Disability	Employer	No	N/A	1 st of the month following date of hire	1 st -15 th	22 nd

Please refer to the [Deadline Schedule](#) and the sections in this guide for additional information about each benefit.

Health Insurance

Health Insurance	
<p>About the Benefit</p>	<p>Eligible RCUH employees can choose to enroll in one of six different medical insurance plans and one dental insurance plan. When making your elections, please be sure to review the plan details carefully and choose the option that best suits the needs for you and your family.</p> <p>Medical Insurance:</p> <ul style="list-style-type: none"> • HMSA Comp Med (PPO) • HMSA Comp Med Basic (PPO) • HMSA Preferred Provider (PPO) • HMSA HMO (HMO) • Kaiser Plan A (HMO) • Kaiser Plan B (HMO) <p>Dental Insurance:</p> <ul style="list-style-type: none"> • Hawaii Dental Service (HDS) <p>Please see the resources below for the monthly premium and coverage details for each plan.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • Regular, Non-Regular, and Relief Employees: 50% FTE and above • Non-Recruited Employees (Temp, Student, Intermittent): <ul style="list-style-type: none"> ○ May be eligible for the ACA medical insurance plan under Policy 3.520B ○ Not eligible for dental insurance
<p>Timing Considerations</p>	<ul style="list-style-type: none"> • Hires: <ul style="list-style-type: none"> ○ 1st-20th: Coverage begins on the first day of the following month (e.g. DOH 3/14, coverage begins 4/1) ○ 21st-end of month: Coverage begins on the first day of the second month (e.g. DOH 3/22, coverage begins 5/1) • Mid-Year Changes: <ul style="list-style-type: none"> ○ Change forms are due by the 20th of the month for an effective date of the 1st of the following month
<p>Deduction Timing</p>	<p>Health insurance premiums are deducted during the 2nd pay period of each month (16th-end of the month) for the following month's coverage</p>
<p>RCUH Policy</p>	<ul style="list-style-type: none"> • Policy 3.520 RCUH Health Plans • Policy 3.520A Addendum RCUH Health Plans • Policy 3.520B Addendum Health Insurance Offers under the ACA



Note – All employees who are eligible for health insurance will have the opportunity to enroll or make changes to their current elections during the RCUH Open Enrollment period (late April-mid May, changes effective 7/1/20XX)

Health Insurance

Related Resources

- RCUH Resources:
 - [RCUH Monthly Health Insurance Premiums](#)
 - [RCUH Medical Plan Comparison](#)
 - [Benefits Spotlight: Healthcare Options](#)
 - [Benefits Spotlight: Qualifying Life Event \(QLE\)](#)
 - [Health Enrollment/Change Form \(B5H\)](#)
 - [Health Waiver \(B5W\)](#)
- Vendor Resources:
 - HMSA:
 - [CompMed Basic Guide to Benefits](#)
 - [CompMed Basic Summary of Benefits & Coverage](#)
 - [CompMed Basic Summary of Changes](#)
 - [CompMed Guide to Benefits](#)
 - [CompMed Summary of Benefits & Coverage](#)
 - [CompMed Summary of Changes](#)
 - [CompMed/CompMed Basic Vision Rider](#)
 - [Preferred Provider Guide to Benefits](#)
 - [Preferred Provider Summary of Benefits & Coverage](#)
 - [Preferred Provider Summary of Changes](#)
 - [PPO Plan Type Drug Rider](#)
 - [PPO Vision Rider](#)
 - [HMO Guide to Benefits](#)
 - [HMO Summary of Benefits & Coverage](#)
 - [HMO Summary of Changes](#)
 - [HMO Plan Type Drug Rider](#)
 - [HMO Vision Rider](#)
 - [Active & Fit Direct Program](#)
 - [HMSA Complementary Care Rider](#)
 - [HMSA Health Education Workshops](#)
 - Kaiser:
 - [HMO Plan A \(Standard\) Summary of Benefits](#)
 - [HMO Plan A \(Standard\) Benefit & Payment Chart](#)
 - [HMO Plan B \(Comprehensive\) Summary of Benefits](#)
 - [HMO Plan B \(Comprehensive\) Benefit & Payment Chart](#)
 - [Kaiser Complementary Alternative Medicine Benefits](#)
 - [Kaiser Enrollment Guide](#)
 - [Getting Started with Kaiser](#)
 - [Kaiser Fit Rewards](#)
 - [Kaiser Optical 150](#)
 - [Away from Home Care Options](#)
 - [RCUH Kaiser Microsite Flyer](#)
 - Hawaii Dental Service (HDS):
 - [HDS Benefits Summary](#)
 - **NOTE: 12-month waiting period for major care**
 - [HDS Information Packet](#)

Health Insurance

<p>Vendor Contact Information & Website</p>	<ul style="list-style-type: none"> • HMSA: <ul style="list-style-type: none"> ○ HMSA Customer Service: 808-948-6111 ○ HMSA Website: HMSA's My Account • Kaiser: <ul style="list-style-type: none"> ○ Kaiser Hawaii Care Line: 1-833-833-3333 ○ Kaiser Member Services: 1-800-966-5955 ○ Kaiser Website: Home Page KP in Hawaii • HDS: <ul style="list-style-type: none"> ○ HDS Customer Service: 808-529-9248 ○ HDS Website: Home Page HDS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>HMSA Account Numbers</u> - PPO, HMO, CompMed Basic: 69641-1 - CompMed: 96482-1</p> <p style="text-align: center;"><u>Kaiser Account Numbers</u></p> <p>- Plan A: 000367-004 - Plan B: 000367-003</p> <p><u>HDS Account Number</u> - 1989</p> </div>
<p>What to Expect Once Enrolled</p>	<p>Once you've enrolled in health insurance coverage, you can expect to:</p> <ul style="list-style-type: none"> • Receive physical ID cards via postal mail to your mailing address on file in Employee Self-Service within 10 days following your effective date of coverage <ul style="list-style-type: none"> ○ Didn't receive your cards? Contact the vendor's customer service line to request a copy to be re-sent. Electronic cards can be obtained via the vendor's portal. • Begin seeking care as of their effective date of coverage <ul style="list-style-type: none"> ○ To schedule an appointment prior to receiving your ID cards, please call the vendor's customer service line • Have your health insurance premiums deducted in the second pay period of each month (16th-end of the month pay period) <ul style="list-style-type: none"> ○ View your pay statements in Employee Self-Service > Pay & Taxes > View Pay Statement
<p>Mid-Year Enrollment & Voluntary Cancellation</p>	<ul style="list-style-type: none"> • Mid-Year Enrollment: To enroll, submit a B5H form and supporting documentation (proof of QLE and any necessary dependent documentation). Please note that employees are only eligible for a mid-year enrollment if they're within 30 days of experiencing a Qualifying Life Event (QLE). • Voluntary Cancellation: To cancel your medical and/or dental coverage with RCUH, submit a B5H form. If cancelling medical, a B5W form is also required for compliance. • Submit completed documents via eUpload in Employee Self-Service or to RCUH Employee Benefits at rcuh_benefits@rcuh.com for processing.
<p>Termination of the Benefit</p>	<p>Health insurance coverage will end as follows:</p> <ul style="list-style-type: none"> • Termination of Employment: Coverage ends on the last day of the month in which employment ends. • Involuntary Loss of Coverage: Coverage ends on the last day of the month in which the action becomes effective. • Voluntary Cancellation/Waive: Coverage ends on the last day of the month confirmed by RCUH HR. <p>Both termination of employment and involuntary loss of coverage are COBRA eligible actions. Those who have lost coverage can expect to receive a COBRA notification via postal mail to their address on file in ESS.</p>

Health Insurance

Health Insurance FAQs:



Can I add dependents to my health insurance plan?

Eligible employees may add qualified dependents to their health insurance plan during completion of their new hire paperwork, during Open Enrollment, or within **30 days** of experiencing a Qualifying Life Event (QLE) consistent with adding a dependent. Along with a **B5H** form, employees will need to provide supporting documentation to show proof of relationship (e.g. marriage certificate or birth certificate) and proof of QLE if applicable.



I will be losing my current health insurance coverage. Can I enroll in an RCUH health insurance plan?

If you are losing your current health insurance plan involuntarily (e.g. aging out of parent's plan upon turning 26, plan termination by the administrator, or involuntary loss of coverage), this is considered a QLE making you eligible to enroll in health insurance. Employees must submit their **B5H** form, proof of QLE, and other necessary supporting documents within **30 days** of the QLE.



I've obtained health insurance through a different plan. Can I cancel my coverage with RCUH?

Yes, you may cancel your health insurance (medical and/or dental) at any time during the plan year. To do so, please submit a **B5H** form (and **B5W** if waiving medical).



What is the deadline to submit my benefit change forms?

Health insurance change forms, such as the B5H and B5W, must be submitted no later than the **20th of the month** for the change to take effect by the 1st of the following month. Please submit via eUpload in Employee Self-Service, or via email to rcuh_benefits@rcuh.com.



Where can I see which health insurance plans I'm enrolled in and how much they cost?

You can review details in your **Benefit Summary** in Employee Self-Service.



How can I find out what's covered under my health insurance plans?

Review the documents linked in the **Related Resources section on page 12** of this guide, or within the **Active Employee Benefits webpage**. Questions? Please contact us at rcuh_benefits@rcuh.com.

Group Life Insurance

Life Insurance	
<p>About the Benefit</p>	<p>Life Insurance provides financial protection for your loved ones in the event of your passing. It pays a lumpsum benefit to your designated beneficiaries, helping to cover expenses such as funeral costs, outstanding debts, or ongoing living expenses. This coverage ensures that those who depend on you have financial support during a difficult time.</p> <p>RCUH provides Group Life Insurance (GLI) as a benefit to eligible employees through MetLife. Employees are automatically enrolled in Life Insurance either following hire or upon reaching eligibility.</p> <p>Life Insurance Coverage Options:</p> <ul style="list-style-type: none"> • GLIAD2 (2x annual salary not to exceed \$600,000) DEFAULT • GLIAD3 (2x annual salary not to exceed \$50,000) • GLIAD4 (2x annual salary not to exceed \$200,000) • GLIAD5 (2x annual salary not to exceed \$100,000) <p>You may designate and update your Life Insurance beneficiaries (primary and secondary) at any time in Employee Self-Service.</p> <p>Please see the resources below for details about the GLI benefit.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • Regular, Non-Regular, and Relief Employees: 75% FTE and above • Non-Recruited Employees (Temp, Student, Intermittent): Not eligible
<p>Timing Considerations</p>	<ul style="list-style-type: none"> • Hires: <ul style="list-style-type: none"> ○ Coverage begins on the 1st of the month following your hire date • Mid-Year Changes: <ul style="list-style-type: none"> ○ Coverage begins on the 1st of the month following your eligibility effective date <ul style="list-style-type: none"> ▪ Eligibility event examples: FTE increase, return from LOA
<p>Deduction Timing</p>	<p>Life Insurance is an employer-paid benefit. Eligible employees will see the employer premiums reflected in their pay statement for the 1st-15th pay period in the Employer Paid section.</p>
<p>RCUH Policy</p>	<ul style="list-style-type: none"> • Policy 3.540 RCUH Group Life Insurance
<p>Related Resources</p>	<ul style="list-style-type: none"> • Life Insurance & Imputed Income • Life Insurance: Certificate of Insurance • Life Insurance: Summary of Benefits • MetLife Portability Application • MetLife Conversion Application • LTD and Life Advantages Flyer • Funeral Planning Flyer

Group Life Insurance

Vendor Contact Information & Website	MetLife Life Insurance Claims: 1-800-638-6420 MetLife Website: MetLife AdvantagesSM MetLife Life Insurance Account Number: 221189-1-G
What to Expect Once Enrolled	Eligible employees can see their Life Insurance coverage election in Employee Self-Service in their Benefits Summary and reflected in their pay statement for the 1 st -15 th pay period each month that they are eligible.
Mid-Year Enrollment & Voluntary Cancellation	Voluntary enrollment and cancellation are not allowed. Employees can change their coverage election during Open Enrollment, but increases may be subject to medical underwriting by the vendor.
Termination of the Benefit	Life Insurance coverage will end as follows: <ul style="list-style-type: none"> • Termination of Employment: Coverage ends on the last day of the month in which employment ends. • Loss of Eligibility: Coverage ends on the last day of the month in which the employee loses eligibility (decrease in FTE, going on LOA, etc.).



Did You Know? Employees can update their Life Insurance beneficiaries at any time in Employee Self-Service. To do so, please go to the [Employee Benefits tile > Life Insurance Beneficiaries section](#). Changes become effective in real time.

Planning for the Future

We understand that thinking about life planning can feel difficult, but it's an important step in ensuring peace of mind for you and your loved ones. To support you, we encourage employees to explore resources available through MetLife, including **will preparation** and **funeral planning services**.

These tools can help you make informed decisions and provide clarity during challenging times. For more information, please visit the [MetLife Advantages](#) page to find resources to help you navigate life's changes.

Long-Term Disability

Long-Term Disability Insurance	
About the Benefit	<p>Long-Term Disability (LTD) coverage provides income protection if you become unable to work for 90 days or more due to serious injury or illness. LTD benefits replace a portion of your salary to help you maintain financial stability while you focus on recovery.</p> <p>RCUH provides LTD Insurance as a benefit to eligible employees through MetLife. Employees are automatically enrolled in Long-Term Disability either following hire or upon reaching eligibility.</p> <p>Please see the resources below for details about the LTD benefit.</p>
Eligibility	<ul style="list-style-type: none"> • Regular and Relief Employees: 75% FTE and above • Non-Recruited (Temp, Student, Intermittent) and Non-Regular Employees: Not eligible
Timing Considerations	<ul style="list-style-type: none"> • Hires: <ul style="list-style-type: none"> ○ Coverage begins on the 1st of the month following your hire date • Mid-Year Changes: <ul style="list-style-type: none"> ○ Coverage begins on the 1st of the month following your eligibility effective date <ul style="list-style-type: none"> ▪ Eligibility event examples: FTE increase, return from LOA
Deduction Timing	<p>Long-Term Disability is an employer-paid benefit. Eligible employees will see the employer premiums reflected on their pay stub for the 1st-15th pay period.</p>
RCUH Policy	<ul style="list-style-type: none"> • Policy 3.570 RCUH Long-Term Disability Insurance
Related Resources	<ul style="list-style-type: none"> • Employee Assistance Program (EAP) Flyer • LTD & Life Advantages Flyer • Empathy Leave Support Flyer • Estate Planning Flyer • Funeral Planning Flyer • RCUH - Mental Health Support
Vendor Contact Information & Website	<p>MetLife LTD Claims: 1-800-638-2242 MetLife EAP Website via TELUS Health: MetLife EAP MetLife LTD Account Number: 221189-1-G</p>

Long-Term Disability

<p>Mid-Year Enrollment & Voluntary Cancellation</p>	<p>Voluntary enrollment and cancellation are not allowed.</p>
<p>Termination of the Benefit</p>	<p>Long-Term Disability coverage will end as follows:</p> <ul style="list-style-type: none"> • Termination of Employment: Coverage ends on the last day of the month in which employment ends. • Loss of Eligibility: Coverage ends on the last day of the month in which the employee loses eligibility (decrease in FTE, going on LOA, etc.).
<p>What to Expect Once Enrolled</p>	<p>Eligible employees can see their Long-Term Disability coverage reflected in Employee Self-Service in their Benefits Summary and on their pay stub for the 1st-15th pay period each month that they are eligible.</p>

Employee Assistance Program (EAP)

Employees who are eligible for the Long-Term Disability benefit have access to an **Employee Assistance Program (EAP) through MetLife**. The EAP is a **confidential, free** resource designed to support employees and their families with personal or work-related challenges.

EAP Services:

- Mental Health Support & Counseling - Professional help for stress, anxiety, depression, and more
- Stress Management - Tools and strategies to cope with everyday pressures
- Financial Services - Guidance on budgeting and financial planning
- Legal Advice - Access to legal consultations for personal matters
- Family Support Services - Support for childcare, eldercare, and family well-being
- Referrals to Additional Resources - Connecting you to specialized support when needed

Your **mental health** is just as important as your physical health. RCUH firmly believes that caring for mental health and personal concerns is essential to our employees' overall well-being. We encourage eligible employees to **explore the EAP program** and reach out for support when needed. **Seeking help is a sign of strength, not weakness!**

Retirement Accounts

Retirement Accounts	
<p>About the Benefit</p>	<p>Retirement accounts are savings plans designed to help you prepare for life after work. They offer key benefits such as tax advantages and long-term growth through investing. Even small, regular contributions can make a big difference over time.</p> <p>RCUH offers two types of retirement accounts for eligible employees:</p> <p>Group Retirement Annuity (GRA) 401(a)</p> <ul style="list-style-type: none"> • Employer-Contributed <ul style="list-style-type: none"> ○ Upon reaching eligibility, employees are automatically enrolled in the GRA plan ○ An amount equivalent to 10% of an employee’s base salary will be contributed by the employer into the employee’s GRA account each pay period <p>Supplemental Retirement Annuity (SRA) 403(b)</p> <ul style="list-style-type: none"> • Employee-Contributed <ul style="list-style-type: none"> ○ Employees may choose to enroll in the optional SRA plan ○ To enroll, employees must complete a Form B6 to determine a specific \$ or % to be contributed into their SRA account each pay period <p>Both the GRA and SRA plans are managed by TIAA. We highly recommend that employees schedule an appointment with a TIAA representative directly to plan and discuss their options.</p> <p>Please see the resources below for details about both retirement plans and scheduling an appointment with TIAA.</p>
<p>Eligibility</p>	<p>GRA:</p> <ul style="list-style-type: none"> • Regular, Non-Regular, and Relief Employees: 50% FTE and above <ul style="list-style-type: none"> ○ Participation will begin following fulfillment of 1 year of service with RCUH equivalent to a 12-month period in which the employee completes a minimum of 1000 service hours • Non-Recruited Employees (Temp, Student, Intermittent): Not eligible <p>SRA:</p> <ul style="list-style-type: none"> • All employees are eligible
<p>Timing Considerations</p>	<ul style="list-style-type: none"> • SRA enrollment begins on the first day of the pay period (either the 1st or 16th). The Form B6 must be received no later than ePAF Deadline of the given pay period to enroll by the start of that pay period. • The last pay period of each tax year is the 1st pay period in December (12/1/20XX-12/15/20XX)

Retirement Accounts

Deduction Timing	Contributions towards both the GRA and SRA will be made each pay period, and reflected on each pay stub while enrolled/eligible.
RCUH Policy	<ul style="list-style-type: none"> • Policy 3.560 RCUH Retirement Plans
Related Resources	<ul style="list-style-type: none"> • SRA Agreement for Salary Reduction Form B6 • RCUH - Retirement Accounts • Retirement Account FAQs • SRA Maximum Allowable Calculator • GRA Information Worksheet • Financial Wellness • Managing Your Retirement Account with TIAA • TIAA Options When Terminating from RCUH
Vendor Contact Information & Website	<p>Both the GRA and SRA plans are managed by TIAA. We highly recommend that employees schedule an appointment with a TIAA representative directly to plan and discuss their options.</p> <ul style="list-style-type: none"> • Schedule a Meeting TIAA <ul style="list-style-type: none"> ○ Employees will be prompted to log in with their TIAA credentials or create a guest login if they're not currently a participant ○ Select or enter "Research Corp of the Univ of HI" as the employer <p>TIAA Website: Retirement Income, Planning, Investing, and Advice TIAA TIAA Phone Number: 1-800-732-8353 (M-F 6:00am-1:00pm HST)</p>
What to Expect Once Enrolled	New enrollees will receive a welcome packet from TIAA via mail to their mailing address on file in Employee Self-Service following SRA enrollment or after reaching GRA eligibility
Mid-Year Enrollment & Voluntary Cancellation	Employees can enroll, change their contribution, or cancel participation in the SRA plan at any time. To do so, please submit a completed Form B6 via eUpload in Employee Self-Service or via email to rcuh_benefits@rcuh.com .
Termination of the Benefit	Participation in the GRA and SRA will end as of the last day of the pay period in which termination, loss of eligibility, or cancellation occurs.

Flexible Spending Accounts

FSA Healthcare and FSA Dependent Care	
<p>About the Benefit</p>	<p>A Flexible Spending Account (FSA) is a tax-advantaged benefit that allows employees to set aside pre-tax dollars to pay for eligible healthcare or dependent care expenses. By using pre-tax funds, participants can reduce their taxable income and save money on out-of-pocket costs for qualified expenses determined by the IRS.</p> <p>RCUH offers two types of Flexible Spending Accounts administered by National Benefit Services (NBS) for eligible employees:</p> <p>FSA Healthcare</p> <ul style="list-style-type: none"> Contributions that can help pay for eligible out-of-pocket medical, dental, and vision expenses (e.g. prescriptions, contact lenses, sunscreen, etc.) <p>FSA Dependent Care</p> <ul style="list-style-type: none"> Contributions that can help pay for eligible out-of-pocket dependent care expenses for children under the age of 13 or adult dependents unable to care for themselves who are claimed as a tax dependent (e.g. daycare, preschool, in-home care services, etc.) <p>Please see the resources below for more important details about FSAs.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> Regular, Non-Regular, and Relief Employees: 50% FTE and above Non-Recruited Employees (Temp, Student, Intermittent): Not eligible
<p>Timing Considerations</p>	<p>FSA Healthcare and FSA Dependent Care contributions are determined prior to enrollment, either upon hire or during the Open Enrollment period. The employee will determine the total amount that they'd like to contribute for the plan year (July 1st, 20XX - June 30, 20XX), and this amount will be deducted and deposited into their National Benefit Services (NBS) account. Any unused funds following the end of the plan year (June 30, 20XX) will be forfeited, no rollovers & no exceptions.</p>
<p>Deduction Timing</p>	<p>An employee's FSA contribution will be deducted each pay period throughout the plan year.</p> <p>Note: If an employee enters a Leave Without Pay (LWP) status, RCUH will be required to back-collect the missed contributions upon their return to work. If an employee terminates mid-plan year and is rehired within 30 days of the plan eligibility end date, RCUH will be required to re-enroll the employee into the same FSA plan and back-collect any missed contributions.</p>

Flexible Spending Accounts

Policy	Policy 3.530 RCUH Flexible Spending Plan
Related Resources	<ul style="list-style-type: none"> • RCUH - Flexible Spending Accounts: Healthcare & Dependent Care • FSA Overview • FSA Frequently Asked Questions • FSA How it Works • FSA Did You Know? • FSA Plan Document • FSA Store Calculator for Healthcare Expenses • FSA Enrollment/Change Form (B5F) • NBS Web Portal Instructions • NBS Mobile App Instructions
Vendor Contact Information & Website	<p>NBS Website: Homepage National Benefit Services NBS Phone Number: 855-399-3035 NBS Email: service@nbsbenefits.com</p>
What to Expect Once Enrolled	<p>Once enrolled, employees should create an online account on the NBS Web Portal.</p> <ul style="list-style-type: none"> • Click “Register” > Complete the registration fields • Employee ID: Your SSN • Employer ID: NBS526587 <p>Employees can purchase items through the NBS FSA store, or they can submit claims for reimbursement for eligible purchases through the NBS app. Hold on to your receipts!</p>
Mid-Year Enrollment & Voluntary Cancellation	<p>Voluntary cancellation is not allowed. Mid-year enrollment/changes are now allowed unless the change is consistent with a Family Status Change event, which is defined by the IRS.</p>
Termination of the Benefit	<p>Following termination or becoming ineligible for the FSA benefit, access to the available balance in your NBS account will end on the last day of the month in which you terminate or become ineligible. Reimbursements may be submitted up to 90 days following termination of the benefit for purchases made while actively enrolled in the benefit. FSA Healthcare enrollees may be eligible for COBRA if the amount contributed exceeds the amount expended.</p>



Important – Contributions made into a Flexible Spending Account (FSA) must be used by the end of the plan year (by 6/30/20XX). Unused funds cannot be rolled over into the next plan year and are subject to forfeiture, no exceptions. **Use it or lose it!**

Flexible Spending Accounts

Pre-Tax Parking & Transit (PTBP)	
<p>About the Benefit</p>	<p>Like Flexible Spending Accounts, a Pre-Tax Transportation Benefit Program (PTBP) is a tax-advantaged benefit that allows employees to pay for certain commuting expenses by using pre-tax dollars.</p> <p>RCUH offers two Pre-Tax Transportation Benefit Programs administered by National Benefit Services (NBS) for eligible employees:</p> <p>Pre-Tax Parking</p> <ul style="list-style-type: none"> Contributions that can help pay for eligible work-related parking expenses, such as a parking pass near your workplace. <p>Pre-Tax Transit (Bus Pass)</p> <ul style="list-style-type: none"> Contributions that can help pay for eligible work-related commuter expenses such as a bus pass. <p>Please see the resources below for more important details about the PTBP plans.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> Regular, Non-Regular, and Relief Employees: 50% FTE and above Non-Recruited Employees (Temp, Student, Intermittent): Not eligible
<p>Timing Considerations</p>	<ul style="list-style-type: none"> Hires: <ul style="list-style-type: none"> Pre-Tax Parking: Coverage begins on the 1st of the month following the employee's date of hire Pre-Tax Transit: <ul style="list-style-type: none"> 1st-15th: Coverage begins on the first day of the following month (e.g. DOH 3/14, coverage begins 4/1) 16th-end of month: Coverage begins on the first day of the second month (e.g. DOH 3/22, coverage begins 5/1) Mid-Year Changes: <ul style="list-style-type: none"> A Form B5F should be submitted to RCUH HR 30 days prior to the desired effective date of coverage. The effective date of coverage will be the 1st of the month depending on when the form is received, and confirmed by RCUH HR.
<p>Deduction Timing</p>	<ul style="list-style-type: none"> Contributions are deducted during the 1st pay period each month (1st-15th) and deposited into the NBS account on the following pay day (22nd day of the month) Pre-Tax Transit: deposited funds can be used for purchase of the following month's bus pass (e.g. funds deposited on 4/22 for purchase of a May bus pass)

Flexible Spending Accounts

RCUH Policy	Policy 3.530A Addendum RCUH Flexible Spending Plan
Related Resources	<ul style="list-style-type: none"> • RCUH - PreTax Transportation Benefits Plan: Parking & Transit • PTBP Frequently Asked Questions • PTBP Overview • FSA Plan Document • FSA Enrollment/Change Form (B5F) • NBS Web Portal Instructions • NBS Mobile App Instructions
Vendor Contact Information & Website	<p>NBS Website: Homepage National Benefit Services</p> <p>NBS Phone Number: 855-399-3035</p> <p>NBS Email: service@nbsbenefits.com</p>
What to Expect Once Enrolled	<p>Once enrolled, employees should create an online account on the NBS Web Portal.</p> <ul style="list-style-type: none"> • Click “Register” > Complete the registration fields • Employee ID: Your SSN • Employer ID: NBS526587 <p>Employees can submit claims for reimbursement for eligible purchases through the NBS app. Hold on to your receipts!</p>
Mid-Year Enrollment & Voluntary Cancellation	<p>Eligible employees can enroll, change contributions, or cancel enrollment in a PTBP plan at any time throughout the plan year. To do so, please submit a Form B5F via eUpload in Employee Self-Service or via email to rcuh_benefits@rcuh.com.</p>
Termination of the Benefit	<p>Following termination or becoming ineligible for the PTBP benefit, access to the available balance in your NBS account will end on the last day of the month in which you terminate or become ineligible. Reimbursements may be submitted up to 90 days following termination of the benefit for purchases made while actively enrolled in the benefit.</p>



Important – The PTBP plans are not use it or lose it, but unused funds for parking will be carried over month to month within the plan year. Reimbursements must be made within the applicable plan year (7/1/20XX - 6/30/20XX).

Flexible Spending Accounts

FSA & PTBP Important Reminders:



FSA Healthcare and Dependent Care: Use It or Lose It

Employees must use their FSA funds by the end of the plan year (**by 6/30/20XX**). Unused funds cannot be rolled over into the new year and are subject to forfeiture.



Access to FSA and PTBP funds will end on the last day of the month in your last day of employment

For example, if your last day of employment is 3/20/2026, you will have access to the available funds in your account through 3/31/2026.



Reimbursements can be submitted up to 90 days following termination of the benefit for expenses incurred while actively enrolled in the benefit

Enrollees have **90 days** following termination of their FSA or PTBP benefit to submit reimbursements for eligible purchases made **before** termination. Purchases made after this point will not be reimbursed.



Reimbursements can be submitted through the NBS Web Portal or NBS App

Enrollees should register for an account on the **NBS Web Portal**. Select “Register” > “Employee ID”: Your SSN > “Employer ID”: NBS526587.



Not sure how to spend your FSA Healthcare funds? Check out the FSA Store!

The **FSA Store** or **Amazon FSA Store** contains thousands of FSA-eligible products.



Back-collection of FSA contributions may be necessary in certain situations

If an employee is on Leave Without Pay (LWP) and RCUH is unable to deduct their FSA contribution, it will be back-collected upon return to work. If an employee enrolls in FSA Healthcare or Dependent Care and terminates from employment, then is rehired into a Regular-Status position within 30 days, RCUH will have to re-enroll the employee in their previous FSA election and back-collect the missed contributions in accordance with IRS regulations. Funds not used by the end of the plan year and are subject to forfeiture.



To prevent forfeiture of funds, it’s important to correctly estimate your expenses for the plan year *prior* to enrolling in a FSA Healthcare or Dependent Care plan.

Tuition Reimbursement

Tuition Reimbursement	
<p>About the Benefit</p>	<p>Tuition Reimbursement helps to reduce the financial burden of continuing education and empowers employees to pursue learning opportunities that enhance their job-related skills, fostering professional growth and development.</p> <p>RCUH’s Tuition Reimbursement program allows eligible employees to apply for the reimbursement of one course (maximum three credits) per semester at an accredited institution. Applications are reviewed and approved on a first-come, first-serve basis based on the availability of funds.</p> <p>Please see the resources below for details about the Tuition Reimbursement program.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • Regular-Status Employees: 100% FTE <ul style="list-style-type: none"> ○ Must have completed one continuous year of service in good standing with RCUH as of the course start date ○ Must not be receiving any other type of educational assistance • Non-Recruited Employees (Temp, Student, Intermittent): Not eligible
<p>Timing Considerations</p>	<ul style="list-style-type: none"> • Applications must be submitted no later than two business days prior to the first day of instruction in the applicable semester • After an application has been approved, employees must submit their passing grades within 30 days of course completion
<p>RCUH Policy</p>	<ul style="list-style-type: none"> • Policy 3.460 RCUH Tuition Expense Reimbursement
<p>Related Resources</p>	<ul style="list-style-type: none"> • RCUH - Tuition Reimbursement • RCUH Tuition Reimbursement Application • Tuition Reimbursement FAQs • Tuition Reimbursement Flyer
<p>How to Prepare</p>	<ul style="list-style-type: none"> • Applications must be finalized, signed by your PI, and submitted to RCUH HR along with proof of payment and course registration (deadline: two business days prior to first day of instruction) <ul style="list-style-type: none"> ○ Submit via eUpload in ESS or to rcuh_benefits@rcuh.com • Once approved, set a reminder in your calendar to submit your passing grades to RCUH HR once posted (deadline: 30 days following course completion)

Time Off (Paid and Unpaid)

Leaves Matrix

Please refer to the [eTimesheet Leaves Guide](#) for eTimesheet reporting considerations when using leaves.

Leave Type	Eligibility
Vacation Leave (LVA) Policy 3.620 RCUH - Vacation Leave: Use It or Lose It	Regular-Status Employees: 50% FTE or greater
Sick Leave (LSK) Policy 3.640	Regular and Non-Regular Employees: 50% FTE or greater
Bereavement Leave (LFL) Policy 3.670	Regular-Status Employees: Any FTE
Blood Donation Leave (LBD) Policy 3.676	Regular-Status Employees: Any FTE
Jury Duty Leave (LJD) Policy 3.672	Regular-Status Employees: Any FTE
Leave Without Pay (LWP) Policy 3.650	Regular-Status Employees: Any FTE Non-Recruited Employees: May be applicable in certain circumstances
Victims Leave Policy 3.650A Addendum: Victims Leave	All RCUH employees with no less than six consecutive months of service with RCUH regardless of FTE
Parent Teacher Conference Leave (LPT) Policy 3.678 Parent-Teacher Conference Request Form (B1)	Regular-Status Employees: Any FTE
Family & Medical Leave Policy 3.660 Family & Medical Leave (FML) Request Form (B11)	All RCUH employees who meet the eligibility requirements
Workers' Compensation (LWC) Policy 3.580 Guide for Work-Related Injury or Illness	All RCUH employees
Military Leave Paid (LML) / Military Leave Without Pay (LMW) / Military Vacation (LMV) Policy 3.674	Regular-Status Employees: Any FTE

Important Legal Notices

The Research Corporation of the University of Hawai'i (RCUH) is required by law to share and post various federally required benefit notices and disclosures.

Consolidated Omnibus Budget Reconciliation Act (COBRA):

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that allows for the right to COBRA continuation coverage for employees and family members when group health coverage would otherwise end due to a qualifying life event. Qualifying life events that can result in a loss of group health coverage include:

- **Employee loses coverage due to:** reduction in hours of employment or termination of employment
- **Spouse loses coverage due to:** employee death, reduction in hours of employment or termination of employment, employee becomes entitled to Medicare benefits, becoming divorced or legally separated from the employee
- **Dependent child loses coverage due to:** employee death, reduction in hours of employment or termination of employment, employee becomes entitled to Medicare benefits, parents become divorced or legally separated, or stops being eligible for coverage under the plan as a dependent child.

It is your responsibility to notify the **RCUH Employee Benefits** section of certain qualifying events (e.g. divorce or legal separation, loss of dependent eligibility, etc.) within 30 days of the event occurring in order to have a right for COBRA continuation of coverage.

This notice is addressed to our employees and their eligible dependents (if applicable) and is meant to inform each person of their individual COBRA continuation rights, in the case they experience a qualifying event that entitles them to continuing their medical (including vision), dental, and National Benefit Services Flexible Spending Account benefits.

Under the Affordable Care Act (ACA), participants eligible for COBRA can now also access public exchanges where they may qualify for tax credits that immediately lower health insurance costs. Hawai'i utilizes a federally-run health insurance marketplace, which means residents enroll through **HealthCare.gov**.

Women's Health and Cancer Rights Act (WHCRA):

Under the Women's Health and Cancer Rights Act of 1998 (WHCRA), a federal law in which group

Important Legal Notices

health plans and health insurance issuers providing benefits for a mastectomy, will provide coverage in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same annual deductibles and coinsurance provisions that are applicable to other medical and surgical benefits provided under your plan coverage. For more information on WHCRA benefits, contact HMSA or Kaiser Permanente.

Newborns' and Mothers' Health Protection Act (NMHPA):

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO are NOT attending providers.

Important Legal Notices

Medicaid and the Children’s Health Insurance Program (CHIP):

If you or your children are eligible for **Medicaid or CHIP** and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the health insurance marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or call 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligibility under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can visit the Department of Labor at www.askebsa.dol.gov or call (866)444-EBSA.

No Surprises Act:

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility, but are unexpectedly treated by an out-of-network provider.

What is “balance billing” (sometimes called “surprise billing”)? When you see a doctor or other healthcare provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

Important Legal Notices

“Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

You are protected from balance billing for:

- Emergency services
- Certain services at an in-network hospital or ambulatory surgical center

When you receive services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed unless you provide written consent.

You are never required to give up your protections from "balance billing." You also aren’t required to get care "out-of-network." You can choose a provider or facility in your plan’s network.

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you’ve been wrongly billed, you may contact the U.S. Department of Health and Human Services at 1-800-985-3059.

Important Legal Notices

Medicare Part D: Prescription Drug Notice of Creditable Coverage:

HMSA and Kaiser have determined that prescription drug coverage offered under the RCUH group health plans for active employees, pre-65 retirees, and post-65 retirees meet the standards for **creditable coverage** required by federal regulations and guidelines. If you are not eligible (or will not soon be eligible) for Medicare, you can disregard this notice.

Summaries of Benefits and Coverage:

Summaries of Benefits and Coverage (SBC) provide applicants, enrollees, and policyholders with government mandated comparable information about health plan benefits and coverage options to help you evaluate choices when comparing RCUH group health plans to other plans. In addition to accessing/printing copies of the electronic SBCs or Certificates of Coverage (COC), you also have the right to request and receive paper copies of these documents for free. Request a printed SBC/COC by contacting the RCUH Employee Benefits section at rcuh_benefits@rcuh.com.

Claims Appeals:

Individuals who have a dispute or objection regarding a covered service, denial or provider; or the coverage, operations, or management policies of a plan vendor should contact that vendor directly. Any individual dispute or objection related to coverage through a plan must be addressed between the employee and vendor.