

## RCUH Open Enrollment 2021-2022: Medical and Dental

| I would like to:                                                                             | Action Needed                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continue my current medical and/or dental coverage.                                          | <b>NO ACTION NEEDED.</b>                                                                                                                                                                                                |
| Enroll into medical and/or dental coverage.                                                  | Complete and submit the <b>RCUH Group Health Plan Enrollment form (OEB-5Ha)</b> .                                                                                                                                       |
| Change my Plan Type.<br>(ie: HMSA PPO to Kaiser Plan B<br><b>OR</b> HMSA PPO to HMSA HPH)    | Complete and submit the <b>RCUH OE Group Health Plan Enrollment form (OEB-5Ha)</b> .                                                                                                                                    |
| Change my coverage tier.<br>(Add or Remove dependents to my medical and/or dental coverage). | Complete and submit the <b>RCUH OE Group Health Plan Enrollment form (OEB-5Ha)</b> and include required documentation for dependent coverage. (i.e., birth certificate, adoption document, marriage certificate, etc.). |
| Cancel (and waive) my medical coverage effective July 1st.                                   | Complete and submit the <b>RCUH OE Group Health Plan Waiver form (OEB-5Wb)</b> .                                                                                                                                        |
| Cancel my dental coverage.                                                                   | Complete and submit the <b>RCUH OE Group Health Plan Enrollment form (OEB-5Ha)</b> .                                                                                                                                    |
| <b>DEADLINE TO SUBMIT ALL FORMS</b>                                                          | Email to <a href="mailto:rcuh_benefits@rcuh.com">rcuh_benefits@rcuh.com</a> or<br>Fax to 808-956-5022 by <b>May 14, 2021</b> .                                                                                          |

### Relevant RCUH Policies

- [3.520 RCUH Health Plans](#)
- [3.520A Addendum RCUH Health Plans](#)

### Contact Information

Contact **RCUH Employee Benefits** for general inquiries on Open Enrollment, eligibility, and assistance with forms such as submission or filling them out.

Phone: (808) 956-6979 or (808) 956-2326

Email: [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com)

Fax: (808) 956-5022

Contact **RCUH HR Information Systems** if you are having difficulty logging in to ESS.

Phone: (808) 956-9561 or (808) 956-8376

Email: [rcuh\\_hris@rcuh.com](mailto:rcuh_hris@rcuh.com)

Contact carriers (i.e., HMSA, Kaiser, HDS, etc.) directly with any specific coverage inquiries or for assistance on current claims.

**HMSA:** Current Members, please call a customer service representative based on your existing plan:

- Preferred Provider Plan & CompMED: (808) 948-6111
- Health Plan Hawai'i & Health Plan Hawai'i Plus: (808) 948-6372

#### **Kaiser:**

- Member Services: (808) 432-5955
- Care Transition Team (for selecting a primary care physician, appointment scheduling): (808) 643-5744

#### **HDS:**

- Customer Service: Oahu: (808) 529-9248 / Toll Free Number: 1-844-379-4325