



## 3.520 RCUH Health Plans

### I. Policy

It is the policy of the RCUH to provide health insurance benefits to eligible employees and with the necessary information to enroll.

### II. Responsibilities

#### A. RCUH Employee

1. Provide updated and accurate information on the group enrollment form.
2. Provide the required proof of dependent status by the established deadlines.
3. Inform the RCUH of changes to dependent's eligibility status (i.e., in the case of a divorce, the spouse is no longer an eligible dependent).
4. As a condition of employment, you are responsible to make a timely election or waiver of medical coverage. You must submit your enrollment or waiver documents to the RCUH Human Resources Department by the specified deadlines.

### III. Applications

This policy applies to regular-status employees who are 50% FTE or more.

### IV. Details of Policy

A. **Health Plan Options** –The RCUH offers six (6) medical plan options, which include medical, prescription drug, and vision coverage, and one (1) dental plan for the employee and eligible dependents.

1. Kaiser Permanente Plans: Hawai'i Medical Plans A and B. See [Kaiser/RCUH Benefits website](#) for general information about these plans. To browse for participating providers or facilities, please click "[Find a Doctor](#)" or "[Find a Facility](#)."
  - a. *Out of State*: Kaiser Plans are only available to employees residing in Hawai'i.
  - b. *Travel Coverage*: Click [Brochure](#) or "[Locate our Services](#)," or call 1-800-464-4000.
2. HMSA Medical Plans: Health Plan Hawai'i-Basic, Health Plan Hawai'i Plus, Preferred Provider, and Comprehensive Medical. See [HMSA website](#) for general information about these plans. To browse for participating providers, please click "[Find a Doctor](#)."
  - a. *Out of State*: The Preferred Provider and Comprehensive Medical plans are the only medical plans available to employees residing outside of Hawai'i.

- b. *Travel Coverage*: Click [Brochure](#) or "[Locate our Services](#)," or call 1-800-810-2583.
  3. Hawai'i Dental Service (HDS) Dental Plan: See HDS website on [HDS](#) for general information about this plan. To browse for participating providers, please click "[Find a Dentist](#)."
    - a. *Hawai'i, Guam and Saipan*: HDS conducts business in these locations.
    - b. *Continental U.S. (the Mainland)*: HDS does not conduct business on the Mainland. Coverage on the Mainland for HDS members is provided by Delta Dental Plans Association. Please click "[Find a Mainland Dentist](#)" and select Dental Premier to find a participating provider or call 1-800-232-2533, ext. 248.
- B. Summary of Benefits and Cost of Plans –See below for the summary of insurance and the cost of monthly premiums.**
- C. Dependent Coverage**
1. Dependents eligible for enrollment include
    - a. Legally married spouse (consistent with the definition of marriage as defined under the laws of the State of Hawai'i);
    - b. Civil union partner (consistent with the definitions of civil union partnership as defined under the laws of the State of Hawai'i);
    - c. Same- or opposite-sex domestic partner. Please see 3.520A Addendum: RCUH Health Plans for more information on domestic partner enrollment requirements. This addendum will provide an overview of the provisions of this arrangement;
    - d. Disabled offspring over age twenty-six (26) who cannot support themselves because of a mental or physical disability which occurred before their 26th birthday;
    - e. Offspring under age twenty-six (26).
  2. Required Documentation for Dependent Coverage
    - a. It is the responsibility of each employee to provide updated and accurate information on the group enrollment form. Proof of relationship (i.e., marriage certificate, civil union certificate, birth certificate, etc.) must also be submitted to RCUH Human Resources at the time of enrollment. Failure to provide the required proof of dependent status by the established deadlines may result in no coverage of dependents, repayment of ineligible premiums paid by RCUH, and possibly other personnel actions.
    - b. Employees are also required to inform the RCUH of changes to dependent's eligibility status (i.e., in the case of a divorce, the spouse is no longer an eligible dependent).

**D. Effective Date of Coverage**

1. The effective date of coverage is dependent on the date of hire or date of FTE change. Health premium deductions are made in the pay period prior to the coverage date. (*Example:* Monthly premium deduction for coverage period February 1–28 is pre-deducted in pay period ending January 31.)
2. Employees hired and/or whose FTE changes between the 1st and the 20th of the month will be eligible the first day of the following month. (*Example:* Hired and/or FTE change February 1, insurance is effective March 1.)
3. Employees hired and/or whose FTE changes between the 21st and the end of the month will be eligible the first day of the second month. (*Example:* Hired and/or FTE change February 21, insurance is effective April 1.)

**E. Cost of Health Plans**

1. The RCUH and employee share the cost of the health plans. This cost sharing is reviewed annually and may vary from provider plan to provider plan (60% of the “best rate” is paid by RCUH and the remaining 40% plus the difference between the selected plan rate and the best rate is paid by the employee).
2. The employer’s share of the health premiums is charged to the project from which the employee’s salary is paid. The employee’s share of the health premiums is deducted through payroll deductions every second pay period of each month, approximately one (1) month in advance.

**F. Falsification of Documentation or Failure to Comply with Policy Requirements**

Failure to notify RCUH of dependents’ eligibility status, providing inaccurate information, or falsifying the information contained in the Group Benefits Enrollment form may result in disciplinary action, including termination of employment.

Legal action may be brought against the Employee and/or dependent/domestic or civil union partner for any losses, damages (including, but not limited to, reasonable attorneys’ fees and other legal expenses), financial or otherwise, due to false statements provided on enrollment/related forms, or for failure to notify RCUH of changed circumstances in a timely manner as required. In addition, any health benefits (e.g., monthly premiums, claims, etc.) paid by the RCUH health plans on behalf of the employee’s dependents will be reversed and become the responsibility of the employee.

Failure to comply with the RCUH’s election or waiver of coverage deadlines and requirements may delay an employee’s date of hire, suspend employment without pay for current employees, or possibly result in a termination of employment for failing to comply with the RCUH requirements for submission of enrollment or waiver forms.

**G. Open Enrollment**

Annually, the RCUH schedules an open enrollment period to permit changes in plan selection or to permit enrollment by those employees who had not enrolled during their initial eligibility period. The open enrollment period is normally in April/May, with plan selections and changes effective July 1.

## H. Managing Your Health Plans

The RCUH Human Resources Department conducts periodic plan reviews. These reviews dictate plan modifications, introduction of new providers, changes to the provider pool, etc. Each year, the RCUH Human Resources Department will conduct plan negotiations with the objective of achieving the most cost-effective benefit plan. Upon completion of these negotiations, rate schedules are developed in accordance with the most competitive rate/cost-sharing structure. The Director of Human Resources is responsible for all plan design, restructuring, and negotiations.

## V. Procedures

### A. For Initial Enrollment at Time of Hire

1. New hires will be required to access the Electronic Hiring System (EHS) to enroll in RCUH's group health insurance plans.
2. If eligible dependent(s) will be added to the plan, documentation to confirm the dependent status will be required upon initial enrollment (i.e., official marriage certificate, civil union certificate, birth certificate, adoption documents, etc.), and will be due no later than two (2) months from the date of hire. Failure to provide the required documentation may result in cancellation of coverage for the dependent(s).
3. Eligible employees who elect to decline health benefits must indicate, "I do NOT wish to enroll at this time." And submit the RCUH Group Health Insurance Waiver Form (B-5W). Employee will not be approved to work until the required form is submitted to RCUH Human Resources Department.
4. Upon completion of the new hire documents on the Electronic Hiring System (EHS) or receipt of the RCUH Group Health Enrollment/Change Form (Form B-5H) by the RCUH Human Resources Department, the employee will not be permitted to change his/her original enrollment election until the annual benefits open enrollment period, with the exception of allowable changes related to a qualifying event.
5. When selecting the HMSA Health Plan Hawai'i Plus or Basic plans, the new hire must select an HPH Health Center (HC) and a primary/personal care physician (PCP) for all individuals enrolled onto the plan. If an HC and/or a PCP is not selected, HMSA will automatically assign the HC and/or PCP. Changes to the HC and/or PCP may be made at any time by notifying HMSA. The effective date of the change in the HC and/or PCP will be subject to HMSA's established policies. Go to the HMSA website at [www.HMSA.com](http://www.HMSA.com) to view the selection of HPH Health Centers and primary care physicians.

### B. Voluntary Cancellation of Health Benefits

1. Health benefits may be canceled by submitting RCUH Group Health Enrollment/Change Form (Form B-5) and RCUH Health Insurance Waiver Form (B-5Wa) to RCUH Human Resources. Voluntary Cancellation/Waiver of Coverage forms must be received by the RCUH Human Resources Department/Benefits

Section no later than the 15<sup>th</sup> of the month preceding the date of cancellation/waiver of coverage. Example: November 15<sup>th</sup> for cancellation/waiver of coverage effective December 1<sup>st</sup>.

2. Subsequent re-enrollment may be made only during the open enrollment period.
3. Health benefits are automatically cancelled at the end of the month in which the termination or employment status (i.e., FTE change below 50%, leave without pay, regular to temporary status) is effective.

**C. Cancellation of Benefits Due to Authorized Leave Without Pay (LWOP)**

1. When an employee is granted an authorized leave of absence without pay (LWOP) and the LWOP is **not** due to family leave or a work-related injury/illness (i.e., workers' compensation), the employee's participation in health benefits will be cancelled if the employee's payroll cannot cover the employee's portion of the monthly health premium.
2. If the LWOP is due to family leave or a work-related injury/illness resulting in total disability, participation in health benefits may continue, provided the employee pre-pays his/her share of the monthly premium. A personal check made payable to the "RCUH" is due the last Monday of the month prior to the start of coverage. Payment is due directly to the RCUH Human Resources Department.
3. The RCUH will cancel the health plan enrollment when an employee does not pay the monthly premiums on a timely basis. Employees should receive a Consolidated Omnibus Budget Reconciliation Act (COBRA) Notice/Election form which will allow them to continue their health plan(s) on an individual basis for a specified period of time. Upon the employee's return to work, the employee will be able to re-enroll or voluntarily cancel her/his group health plan by submitting the RCUH Group Health Enrollment/Change Form (Form B-5H) or Health Insurance Waiver Form (B-5Wa) within thirty (30) days of return to work.

**D. Enrollment or Adding Dependents Due to Qualifying Event**

1. Employees may either enroll in health insurance or add eligible dependents onto existing health insurance mid-year due to qualifying events.
2. Qualifying events include the following:
  - a. Birth or adoption of a child (add child),
  - b. Marriage (add spouse),
  - c. Loss of insurance coverage (add employee, spouse, and/or child),
  - d. Meeting the eligibility requirements for domestic partner status,
  - e. Meeting the eligibility requirements for civil union partner status.

RCUH Group Health Enrollment/Change Form (Form B-5H) must be submitted with the proof of qualifying event within thirty (30) days of the date of the qualifying event. Enrollment will be effective the 1st day of the month following submission and approval of the enrollment documents (*Example:* For an employee who married on April 28, and who submitted enrollment documents to RCUH on May 3, enrollment for the spouse will be effective June 1). An exception to the enrollment

- date is made for the birth of a child. Enrollment for birth of a child is retroactive to the date of birth, provided the employee submits the required documents within thirty (30) days of the date of birth.
3. If an employee fails to provide RCUH with the required documents within the thirty (30)-day window, the enrollment is denied and the employee may submit enrollment during the upcoming annual Open Enrollment Period.
  4. Examples of acceptable documentation for qualifying events are the following:
    - a. *Birth of a child*: Certificate from a health care provider (hospital issued is sufficient) or Department of Health.
    - b. *Adoption*: Certification issued by a recognized adoption agency, the attorney handling the adoption, or the individual officially designated by the birth parent to select and approve the adoptive family showing placement of the child with the employee.
    - c. *Loss of insurance coverage*: Letter from health insurance provider or employer confirming date of benefit cancellation, or divorce decree.
    - d. *Meeting the eligibility requirements of domestic partnership*: Declaration of Domestic Partnership and Affidavit of Dependency for Tax Purposes. See addendum on domestic partnership.
    - e. *Meeting the eligibility requirements of civil union partnership*: Certification issued providing proof of the civil union solemnization. *Note: If previously registered in a reciprocal beneficiary relationship, proof of termination must be provided to the civil union agent prior to the issuance of a civil union license if the termination occurred within thirty (30) days of applying for the civil union license.* See the [Hawai'i State Department of Health website](#) for more information on obtaining civil union certification in Hawai'i. Civil unions/same-sex marriages performed in other states would be recognized as civil unions in Hawai'i.
- E. Condition of Employment or Continued Employment**: For employee categories deemed eligible to participate in the RCUH medical plan benefit. As a condition of employment or continued employment an employee deemed eligible for the RCUH medical plan must elect or waive medical coverage with the RCUH not later than the end of the pay period in which the employee was offered the medical plan. Failure to comply will result in a delay in hiring the employee, or a suspension without pay from work for current employees. The RCUH reserves the right to deny an employee's continued employment for non-compliance of our election/waiver of medical coverage requirement.
- F. Waiving RCUH's medical plan – Ineligible for Premium Tax Credit (PTC)**: Full-Time and/or Eligible Employees Waiving the RCUH Medical Plan is an individual's choice. However, by waiving medical coverage offered by the RCUH will result in the employee becoming ineligible for Premium Tax Credit (PTC).

## **VI. Contact**

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

## **VII. Relevant Documents**

### **A. Forms**

[RCUH Group Health Enrollment & Change Form \(Form B-5H\)](#)  
[RCUH Group Health Enrollment Form \(ACA Eligible Non-Recruited Hires\)](#)  
[RCUH Group Health Insurance Waiver Form \(B-5W-New Hire\)](#)  
[RCUH Group Health Insurance Waiver Form \(B-5W-Mid Year Changes\)](#)  
[RCUH Declaration of Domestic Partnership](#)  
[RCUH Affidavit of Dependency for Tax Purposes \(B-16\)](#)  
[RCUH OE COBRA Health Enrollment Change Form \(B-5OE\)](#)

### **B. Health Plans (2021-2022)**

[RCUH Monthly Premium Rate Sheet 2021-2022](#)  
[RCUH Monthly Premium COBRA Rate Sheet 2021-2022](#)

Medical: HMSA

[HMSA Plan Differences – HMO vs. PPO](#)  
[HMSA Plan Comparisons PPO](#)  
[HMSA Preferred Provider Plan: Summary of Benefits](#)  
[HMSA Comprehensive Medical Plan: Summary of Benefits](#)  
[HMSA Comprehensive Medical Plan – Basic: Summary of Benefits](#)  
[HMSA Plan Comparison HMO](#)  
[HMSA Health Plan Hawai'i Plus: Summary of Benefits](#)  
[HMSA Health Plan Hawai'i Basic: Summary of Benefits](#)

Medical: Kaiser

[Kaiser Plan Comparisons](#)  
[Kaiser Plan A: Summary of Benefits](#)  
[Kaiser Plan B: Summary of Benefits](#)

Dental: Hawai'i Dental Service

[HDS: Summary of Benefits](#)

[Addendum to the 3.520 RCUH Health Plans – Domestic Partnership](#)  
[Personnel Action & Payroll Calendar](#)  
[Hawai'i State Department of Health Website](#)  
[Electronic Hiring System \(EHS\)](#)

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