



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. As a condition of employment, employee is responsible to make a timely election or waiver of medical coverage upon offer at hire or following a qualifying personnel action.
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. Enrolled employees are responsible for 40% of the cost of medical premiums for themselves and eligible dependents.
5. If waiving medical coverage, provide a signed waiver form during the annual Open Enrollment period for each plan year.

B. Principal Investigator

1. Projects are responsible for 60% of the cost of medical premiums for enrolled employees and their eligible dependents.
2. PI will be responsible to ensure employee makes a timely election or waiver of medical coverage upon offer at hire or following a qualifying personnel action.

C. RCUH Human Resources

1. Enroll employee and their qualified dependents in medical insurance plans.
2. Collect medical premium payments (employee and employer portions) and remit payment to insurance vendors.

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 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: HMO plan options. 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](#).”

Out of State Coverage: Kaiser Plans are only available to employees residing in Hawai'i. For travel coverage, click [Brochure](#) or “[Locate our Services](#),” or call 1-800-464-4000.

2. HMSA Medical Plans: HMO and PPO plan options See [HMSA website](#) for general information about these plans. To browse for participating providers, please click “[Find a Doctor](#).”

Out of State Coverage: Preferred Provider Plan, Comprehensive Medical, and Comprehensive Medical Basic plans are the only medical plans available to employees residing outside of Hawai'i. For providers in locations outside of Hawaii, in the U.S. Mainland, and outside the United States, please refer to the [BlueCross BlueShield website](#) and click “Find a Doctor” or call the Service Center at (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 (Hawai'i, Guam, and Saipan), please click “[Find a Dentist](#).”

Continental U.S. (the Mainland): Coverage on the Mainland for HDS members is provided by Delta Dental Plans Association.

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.
- 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.
- 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).

4. 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 collected in the pay period prior to the coverage date.
- 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.*)

5. Cost of Health Plans

The RCUH and employee share the cost of the health plans. 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 for the next month's coverage. (*For example, the employee's share of health premiums for July will be deducted in the pay period June 16-30 and the deduction will be reflected in the employee's pay stub available through ESS on July 7.*)

6. 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.

7. Annual Benefits Open Enrollment Period

The RCUH Open Enrollment period allows employees to enroll, change plans, and add dependents to their health insurance elections. The open enrollment period typically takes place in April/May, with plan selections and changes effective July 1.

8. 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. 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 or waive election in RCUH's group health insurance plans.
2. New hires will not be permitted to change their original enrollment election until the annual benefits open enrollment period, with the exception of allowable changes related to a qualifying event.
3. 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).
4. Eligible employees who elect to decline health benefits will not be approved to work until the required waiver form is submitted to RCUH Human Resources Department.

B. Mid-Year Voluntary Cancellation of Health Benefits

1. Medical benefits for employees and their eligible dependents may be canceled mid-plan year by the employee for any reason. Voluntary Cancellation/Waiver of Coverage forms must be received by the RCUH no later than the 15th of the month prior to the effective date. RCUH reserves the right to determine the effective date of the change in coverage.
2. Subsequent re-enrollment may be made only during the open enrollment period.
3. Health benefits are 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. Termination of Benefits and COBRA Continuation of Coverage offers

1. Leave of Absence (Protected Leave Status): If the leave is due to family leave, workers' compensation, or Military Leave, participation in health benefits may continue, provided the employee pre-pays their share of the monthly premium. A check made payable to the "RCUH" must be received no later than the last Monday of the month prior to the start of coverage. Failure to provide payment will result in termination of benefits.
2. Leave of Absence or Low/No Earnings: When an employee is granted an authorized leave of absence without pay (LWOP) and the LWOP is **not** due to family leave, work-related injury/illness or Military Leave, 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. Upon the employee's return to work, the employee is responsible to re-enroll or waive medical insurance coverage within thirty (30) days of return to work.
3. Death, Divorce, and Overage Dependents: Upon notice, the RCUH will cancel the health plan enrollment to qualified individuals terminated from the group plan.
4. Upon termination of health benefits, employees and their dependents 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. Individuals will have 60 days to enroll in the COBRA plan. Upon enrollment, payments will be made directly to respective insurance vendors. Individuals enrolled in an RCUH COBRA plan will be notified during Benefits Open Enrollment of the new plan rates and will be provided an opportunity to make changes to their enrollment (change in plan or coverage tier).

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 if they experience a qualifying event. Qualifying events must be consistent with the enrollment change.
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.

No later than thirty (30) days of the date of a qualifying event, an RCUH Group Health Enrollment/Change Form (Form B-5H) must be submitted along with proof of qualifying event and proof of relationship (if applicable). The deadline for mid-year changes to enrollment will be the 15th of the month prior to the effective date of coverage. Coverage is for whole months only starting on the 1st of the month and ending on the last day of the month. An exception to the enrollment date at the start of the month may be made for the birth of a child if the child's mother is

- enrolled in the plan. 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. If the enrollment due to the birth of a child results in a change of coverage tier (*for example, 2-party to Family*), the increased rate will be effective the month after the birth month.
3. If an employee fails to provide RCUH with the required documents within the thirty (30)-day window, the enrollment will be denied.
 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): The waiver form is an acknowledgement of an offer of health insurance. 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

VII. Relevant Documents

A. Forms

[RCUH Group Health Enrollment & Change Form \(Form B-5H\)](#)

[RCUH Group Health Insurance Waiver Form \(B-5W\)](#)

[RCUH Group Health ACA Offer Form \(ACA Eligible Non-Recruited Hires ONLY\) \(Form B-5Ha\)](#)

[RCUH Declaration of Domestic Partnership](#)

[RCUH Affidavit of Dependency for Tax Purposes \(B-16\)](#)

B. Health Plans (2021-2022)

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

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

Medical: HMSA

[Vision Rider \(All Plans\)](#)

[Drug Rider \(All Plans\)](#)

[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](#)

[Post Termination Medical/Dental COBRA Rates July 1, 2021 - June 30, 2022](#)

OPEN ENROLLMENT 2022-2023

A. Forms

[2022-2023 - RCUH Group Health Enrollment & Change Form \(Form OE B-5H\)](#)

[2022-2023 - RCUH Group Health Insurance Waiver Form \(OE B-5W\)](#)

[2022-2023 - RCUH Group Health ACA Offer Form \(ACA Eligible Non-Recruited Hires ONLY\) \(Form OE B-5A\)](#)

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[HMSA Health Plan Hawai'i Basic: Summary of Benefits](#)

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

Dental: Hawaii 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 \(EHS\)](#)

Date Revised: 08/02/2016, 08/05/2016, 09/08/2016, 09/14/2016, 04/12/2017, 08/08/2017, 10/28/2017, 06/18/2018, 08/27/2018, 05/01/20s19, 11/15/2019, 03/29/2020, 05/03/2020, 06/08/2020, 06/15/2020, 10/21/2020, 04/16/2021, 04/18/2021, 05/02/2021, 05/03/2021, 05/25/2021, 06/03/2021, 08/02/2021, 04/26/2022, 04/28/2022, 05/06/2022