



Research Corporation
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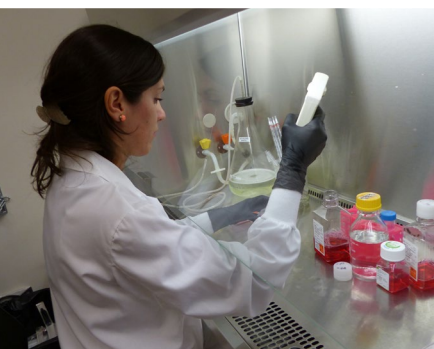
'Ahahuina Noi'i O Ke Kulanui O Hawai'i

GUIDE TO

RCUH Health and Welfare Benefits

Regular Status Employees 50% FTE or greater

(includes Relief and Non-Regular Benefits-Eligible Employees)



Effective July 1, 2024 – June 30, 2025

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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 MESSAGE

Our health and welfare benefits program provides both choice and value to meet the needs of our diverse workforce. Our goal is to partner with you to provide you with the education to make good use of your benefits and provide options that best address the needs of you and your family.

The **Guide to RCUH Health and Welfare Benefits** offers a comprehensive overview of your health and welfare benefit options, including details on eligibility, enrollment, coverage details, and what happens when you are no longer eligible for coverage as an active RCUH employee. This guide is for Regular Status (including relief and non-regular benefits-eligible) active employees for **plan year July 1, 2024 – June 30, 2025**.

The **Annual Benefit Open Enrollment election period, April 24 – May 17, 2024**, is an opportunity for eligible employees to make changes to their health and welfare benefits. Any changes made during this period will have an effective date of July 1, 2024. No changes can be made to your health enrollment and/or flexible spending enrollment mid-plan year unless you experience a **Qualifying Life Event** or Family Status Change, respectfully. This year we are excited to introduce our NEW! Open Enrollment panel in Employee Self-Service (ESS). You can access this and your benefits summary in the RCUH **Employee Self-Service** portal.

WHAT YOU CAN DO DURING OPEN ENROLLMENT:

- Enroll in or make changes to medical and/or dental insurance
- Add eligible dependents to your medical and/or dental plan
- Enroll in Flexible Spending Account: Healthcare
- Enroll in Flexible Spending Account: Dependent Care
- Enroll yourself in Supplemental Long-Term Care Insurance above and beyond the base benefits
- Enroll an eligible family member in Supplemental Long-Term Care Insurance
- Increase or decrease your Group Life Insurance maximum coverage amount (increase may require medical underwriting)

CHANGES THAT CAN BE MADE OUTSIDE OF OPEN ENROLLMENT (via ESS eUpload):

- Voluntarily cancel/waive medical and/or dental insurance
- Voluntarily drop dependents from your medical and/or dental insurance
- Enroll, change contribution, or cancel Pre-tax Parking Benefit
- Enroll, change contribution, or cancel Pre-tax Transit Benefit
- Update Group Life Insurance beneficiaries
- Enroll, change contribution, or cancel Supplemental Retirement Annuity (SRA) 403(b)

This guide and other useful information will be posted on our RCUH Benefits Webpage at www.rcuh.com/work/benefits/active-employee-benefits.

WHO TO CONTACT

RCUH HUMAN RESOURCES:

Contact for:	Section	Email	Phone
General information, eligibility, enrollments, deductions, or any questions about this guide. Contact us to report if an employee has passed away.	Employee Benefits	rcuh_benefits@rcuh.com	(808) 956-2326 (808) 956-7055 (808) 956-6979
Assistance with setting up two-factor authentication or Employee Self-Service password reset.	HR Help Desk	hrhelpdesk@rcuh.com	(808) 956-8900

WHO TO CONTACT

FOR INQUIRIES REGARDING SPECIFIC CLAIMS PLEASE CONTACT THE APPLICABLE PROVIDER:

Plan	Provider	Account Number	Contact
Medical	Hawaii Medical Service Association (HMSA)	69641-1: PPO, CompMed Basic, HMO 69482-1: CompMed 83181-6: Akamai Advantage (Retirees)	Customer Relations (800) 776-4672 www.hmsa.com In-person HMSA Centers located on O’ahu, Kaua’i, Maui, and Hawai’i Island can assist walk-in inquiries
Vision	Hawaii Medical Service Association (HMSA)	600: OGA CompMed Basic 730; OGA: CompMed 762; OGC: PPO E-V; OHE: HMO	Eye-Med Website: https://eyedoclocator.eyemedvisioncare.com/hmsa/en
Medical (including Vision)	Kaiser	000367-004: HMO Standard Plan A 000367-003: HMO Comprehensive Plan B	Customer Service: (800) 966-5955 Care Transition Team: (808) 643-5744 https://select.kp.org/rcuh#/Welcome/welcome
Dental	Hawaii Dental Service (HDS)	1989	Customer Service: (808) 529-9248 https://HawaiiDentalService.com
Flexible Spending Accounts	National Benefit Services (NBS)	Employer ID: NBS526587	Customer Service: (808) 465-2283 (800) 274-0503 https://nbsbenefits.com
Pre-Tax Spending Accounts			
Group Life Insurance	MetLife	221189-1-G Term Life Insurance	Claims: (800) 638-6420
Group Long-Term Disability Insurance		221189-1-G Disability Income Insurance – Long Term	Claims: (800) 638-2242
Group Long-Term Care Insurance	UNUM	536066-0001	Customer Service: (800) 227-4165 https://unuminfo.com/rcuh/default.aspx

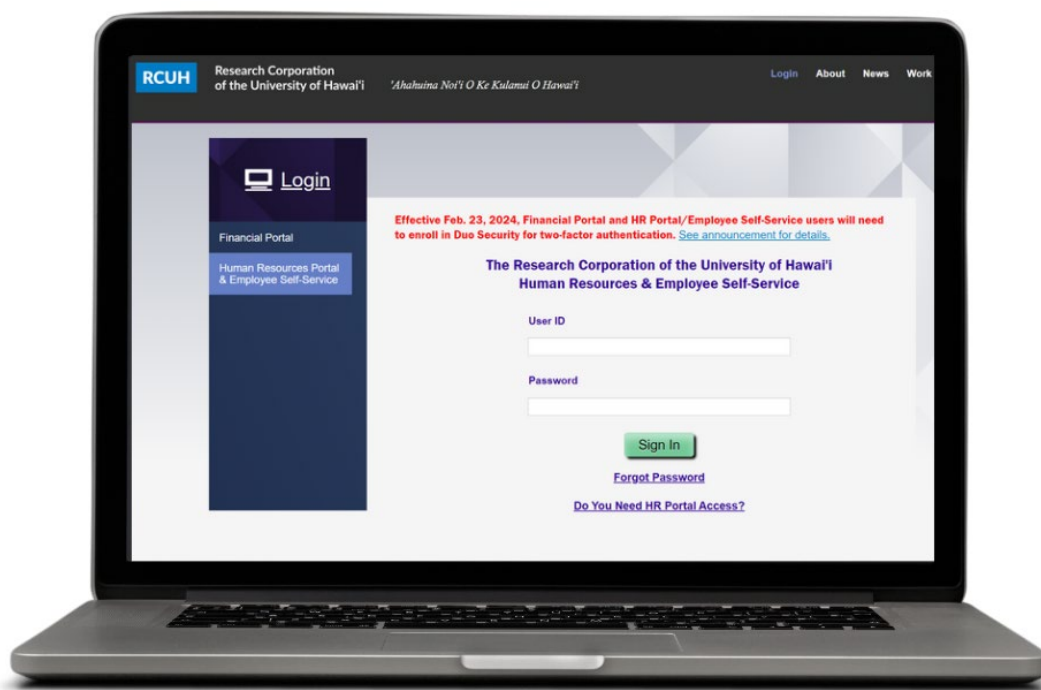
RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

(For active benefits-eligible employees, April 24, 2024 – May 17, 2024 only)

LOG IN TO RCUH EMPLOYEE SELF-SERVICE (ESS):

To log into ESS, use the following link:

<https://hr.rcuh.com/psp/hcmprd/EMPLOYEE/EMPL/?cmd=login>



Effective February 23, 2024, RCUH will require two-factor authentication for ESS. Similar to the University of Hawai'i, RCUH will be incorporating DUO Security as its new two-factor authentication solution. **Click here** for instructions if you have not set up your two-factor authentication for ESS. If you need assistance with two-factor authentication or password reset for ESS, contact the RCUH HR Help Desk at hrhelpdesk@rcuh.com or call (808) 956-8900.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

HOW TO SUBMIT THE ELECTRONIC RCUH OPEN ENROLLMENT (OE) FORM:

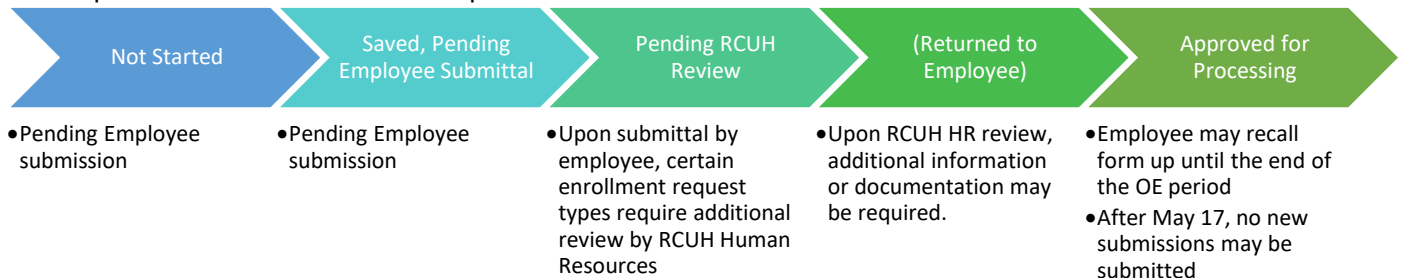
On April 24, 2024, the **“Open Enrollment”** link will be available to all benefits-eligible active employees under the **Benefits** tile. The deadline to complete the RCUH OE form is May 17, 2024. **Do not submit Open Enrollment election or changes via eUpload.**

The screenshot shows the RCUH Employee Self-Service portal interface. At the top, there is a navigation bar with links for Login, About, News, Work, and Training. Below this, there are several tiles:

- ANNOUNCEMENTS:** Contains several bullet points regarding payroll deadlines, retirement meetings, and benefit changes.
- eTimesheets:** Features a prominent **Payroll Deadline: 03/31/2024 12:00 Noon (HST)** and links for current and past timesheets.
- REMINDERS:** Lists key dates and actions, including the **Open Enrollment Deadline: May 17, 2024** and the **Last Day to Consent for Electronic W-2 is Tuesday, December 26, 2023**.
- eUpload:** A blue tile with a cloud icon and an upward arrow, labeled "eUpload".
- Benefits:** A yellow-bordered tile with a shield icon and a plus sign, labeled "Benefits". It contains links for "Open Enrollment" and "Benefits Summary".

Under **“REMINDERS”** you will see the status of your RCUH OE form.

RCUH Open Enrollment Form: Status Explanations



If you saved or submitted your OE form and the status under **“REMINDERS”** does not update in real time, you may need to log out and log back into ESS to see the status change.

Click on **“Open Enrollment”** to begin.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

The **“Open Enrollment”** link will take you to your RCUH OE form.

For plan year July 1, 2024 - June 30, 2025

1. Check if personal information is up-to-date. If not, click link to make changes. Link will not be available during payroll processing blackout periods.

Open Enrollment 2024-2025

Empl ID: Name: Address: Phone: Email: Click here to update personal information	Status: Not Started Today's Date: 04/07/2024 Effective Date: 07/01/2024
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Welcome to Open Enrollment 2024! This year's deadline for benefit changes is **May 17, 2024**. If you have any questions, please contact the RCUH Employee Benefits Section at rcuh_benefits@rcuh.com or call (808) 956-2326 or (808) 956-7055. All enrollment/changes will be effective July 01, 2024.

During the Open Enrollment period, you may also enroll yourself or a qualified family member into [Supplemental Long-Term Care](#) (subject to medical underwriting). Contact the Employee Benefits Section.

	Current 2023 Benefit Election	Deduction	New 2024 Benefit Election	Deduction
Medical/Vision/Drug	HMSA (PPO) Preferred Provider Employee + 1 (PreTax)	\$680.34	HMSA (PPO) Preferred Provider Employee + 1 (PreTax)	\$750.71
Dental	Hawaii Dental Service Employee + 1 (PreTax)	\$28.24	Hawaii Dental Service Employee + 1 (PreTax)	\$28.24
FSA - Healthcare		\$80.00		Not Enrolled
FSA - Dependent		Not Enrolled		Not Enrolled
Life Insurance	Group Life - Class 2 (\$600k)	\$0.00	Group Life - Class 2 (\$600k)	\$0.00

2. Shows what you are currently enrolled/waived in and employee deduction amounts through June 30, 2024.

Reminder: if enrolled in FSA, any unused remaining funds will be forfeited on June 30, 2024.
No carryovers.

3. Shows what you will be enrolled/waived in and employee deduction amounts starting July 1, 2024 - June 30, 2025.

Reminder: FSA enrollments are not automatic. If you wish to continue FSA for the upcoming plan year, you must re-enroll.

4. Click on buttons to view panels to enroll or make changes.

Those who waive medical for the upcoming plan year must submit a new medical waiver. Click the Medical/Vision/Drug button to access the medical waiver form.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

Medical (to enroll or make changes)

Your current election will be defaulted. If you do not make a change, your current election will continue in the July 1, 2024 – June 30, 2025 plan year.

Current Election: HMSA (PPO) Preferred Provider
Employee + 1

You may change your election for 2024 below:

PLAN NAME	===== EMPLOYEE COST PER MONTH =====		
	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
HMSA (PPO) Comp Med Basic	<input type="checkbox"/> \$258.09	<input type="checkbox"/> \$516.16	<input type="checkbox"/> \$903.64
HMSA (PPO) Comp Med	<input type="checkbox"/> \$296.39	<input type="checkbox"/> \$592.74	<input type="checkbox"/> \$1,037.67
HMSA (PPO) Preferred Provider	<input type="checkbox"/> \$375.36	<input checked="" type="checkbox"/> \$750.71	<input type="checkbox"/> \$1,314.14
HMSA (HMO) (Hawaii Residents Only)	<input type="checkbox"/> \$343.58	<input type="checkbox"/> \$687.16	<input type="checkbox"/> \$1,202.86
Kaiser (HMO) Standard - Plan A (Hawaii Residents Only)	<input type="checkbox"/> \$199.33	<input type="checkbox"/> \$398.67	<input type="checkbox"/> \$697.67
Kaiser (HMO) Comp - Plan B (Hawaii Residents Only)	<input type="checkbox"/> \$231.16	<input type="checkbox"/> \$462.32	<input type="checkbox"/> \$809.05
Waive (must submit waiver annually)	<input type="checkbox"/> \$0.00		

[Add Dependent](#)

Name	Relationship	Current Medical	New Medical
: SPOUSE'S NAME	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If adding dependents, select dependents from the existing list (if shown). If your dependent is not listed, click on **“Add Dependent.”**

To avoid delays in processing, ensure your dependent’s legal name and information is accurate.

Click on **“Return and Save”** to save elections.

You will receive an error if there is a discrepancy between the coverage tier and number of dependents checked off at the bottom. For example, if this employee selects HMSA PPO EMPLOYEE + FAMILY without adding any other dependents, they will receive an error message.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

Medical (to waive/cancel)

If you are waiving/canceling medical insurance for the July 1, 2024 – June 30, 2025 plan year, you must submit a medical waiver.

Current Election: Waived

You may change your election for 2024 below:

PLAN NAME	===== EMPLOYEE COST PER MONTH =====		
	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
HMSA (PPO) Comp Med Basic	<input type="checkbox"/> \$258.09	<input type="checkbox"/> \$516.16	<input type="checkbox"/> \$903.64
HMSA (PPO) Comp Med	<input type="checkbox"/> \$296.39	<input type="checkbox"/> \$592.74	<input type="checkbox"/> \$1,037.67
HMSA (PPO) Preferred Provider	<input type="checkbox"/> \$375.36	<input type="checkbox"/> \$750.71	<input type="checkbox"/> \$1,314.14
HMSA (HMO) (Hawaii Residents Only)	<input type="checkbox"/> \$343.58	<input type="checkbox"/> \$687.16	<input type="checkbox"/> \$1,202.86
Kaiser (HMO) Standard - Plan A (Hawaii Residents Only)	<input type="checkbox"/> \$199.33	<input type="checkbox"/> \$398.67	<input type="checkbox"/> \$697.67
Kaiser (HMO) Comp - Plan B (Hawaii Residents Only)	<input type="checkbox"/> \$231.16	<input type="checkbox"/> \$462.32	<input type="checkbox"/> \$809.05
Waive (must submit waiver annually)	<input checked="" type="checkbox"/>	\$0.00	Medical Waiver (B5W) Form

[Add Dependent](#)

Name	Relationship	Current Medical	New Medical
SPOUSE'S NAME	Spouse	<input type="checkbox"/>	<input type="checkbox"/>

[Return and Save](#)

If you want to waive medical with RCUH, check off waive. Then the **“Medical Waiver (B5W) Form”** will appear.

Click the **“Medical Waiver (B5W) Form”** to complete the medical waiver.

Click **“Return and Save.”**

You will receive an error if you select waive and do not complete the eWaiver.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

Dental (to enroll, make changes, or waive/cancel)

Your current election will be defaulted. If you do not make a change, your current election will continue in the July 1, 2024 – June 30, 2025 plan year.

If adding dependents, select dependents from the existing list (if shown). If your dependent is not listed, then click on **“Add Dependent.”**

To avoid delays in processing, ensure your dependent’s legal name and information is accurate.

Click on **“Return and Save”** to save elections.

You will receive an error if there is a discrepancy between the coverage tier and number of dependents checked off at the bottom. Ex. If this employee selects Hawaii Dental Service EMPLOYEE + FAMILY without adding any other dependents, they will receive an error message.

The screenshot shows the dental enrollment interface. At the top, it displays the current election: "Hawaii Dental Service Employee + 1". Below this, it states "You may change your election for 2024 below:". The main section is a table titled "EMPLOYEE COST PER MONTH" with three columns: "EMPLOYEE ONLY", "EMPLOYEE + 1", and "EMPLOYEE + FAMILY". The "EMPLOYEE + 1" column is selected with a blue checkmark. Below the table, there is a section for adding dependents, including an "Add Dependent" link and a table with columns "Name", "Relationship", "Current Dental", and "New Dental". The "New Dental" column for the "SPOUSE'S NAME" row is selected with a blue checkmark. A "Return and Save" button is located at the bottom of the form. Annotations include a red box around the cost table, a yellow box around the "Add Dependent" section, and arrows pointing to the "Add Dependent" link and the "Return and Save" button.

PLAN NAME	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
Hawaii Dental Service	<input type="checkbox"/> \$14.12	<input checked="" type="checkbox"/> \$28.24	<input type="checkbox"/> \$46.40
Waive	<input type="checkbox"/> \$0.00		

Name	Relationship	Current Dental	New Dental
SPOUSE'S NAME	Spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If waiving/canceling dental insurance, you will not be prompted to complete a waiver form. A waiver form is only required if waiving medical insurance with RCUH.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

Flexible Spending Account – Healthcare (to enroll)

This must be completed to enroll into FSA Healthcare for the July 1, 2024 – June 30, 2025 plan year. Do not complete if you do not want to enroll.

Enter amount you want deducted from your paycheck to contribute to your FSA Healthcare account. The annual total for 2024 will auto-generate.

Flexible Spending Account - Healthcare Election for July 01, 2024-June 30, 2025

Contribution Per Pay Period for 2024:
(Minimum \$5, maximum \$133.33)

Annual Total for 2024: \$720.00

Once again, any money in your pre-tax Flexible Spending Account that is not used by the end of the plan year (July 01, 2024-June 30, 2025) will be forfeited.

Click on **“Return and Save”** to save elections.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

Flexible Spending Account – Dependent Care (to enroll)

This must be completed if you want to enroll into FSA Dependent Care for the July 1, 2024 – June 30, 2025 plan year. Do not complete if you do not want to enroll.

Enter amount you want deducted from your paycheck to contribute to your FSA Dependent Care account. The annual total for 2024 will auto-generate.

Flexible Spending Account - Dependent Care Election for July 01, 2024-June 30, 2025

Contribution Per Pay Period for 2024:

(Minimum \$5, maximum for married couples filing separately \$104.16/maximum for single taxpayer or married couples filing jointly \$208.33)

Annual Total for 2024: \$2,400.00

Once again, any money in your pre-tax Flexible Spending Account that is not used by the end of the plan year (July 01, 2024-June 30, 2025) will be forfeited.

Click on **“Return and Save”** to save elections.

RCUH EMPLOYEE SELF-SERVICE OPEN ENROLLMENT QUICK GUIDE

*Life Insurance Beneficiary Designation Section (to complete, add, or change)

Required fields for beneficiary information:

- Legal Name – First Name, Middle Initial, and Last Name (you can also elect your trust/estate)
- Relationship
- Email Address or Mailing Address (only one is required)
- Phone Number
- % of Benefit

An error message will generate if any of the above are missing.

Life Insurance

The RCUH provides Group Life Insurance benefits to regular employees working 75% FTE or more. Eligible employees will receive a life insurance benefit of two (2) times their annual salary rounded upward to the next higher \$1,000, not to exceed elected amount.

Imputed Income
The Internal Revenue Service (IRS) Code states that any life insurance coverage in excess of \$50,000 provided by an employer, or regardless of who pays the premium, is subject to taxation in accordance with its imputed income tax table. Therefore, coverage values in excess of \$50,000 will be subject to the imputed income tax withholding.

During the Open Enrollment period, you may change your Group Life Insurance maximum coverage amount (increases are subject to medical underwriting). Please contact RCUH Employee Benefits at rcuh_benefits@rcuh.com if you wish to make any changes.

GLIAD2 2x annual earnings not to exceed \$600,000 (Default)
 GLIAD4 2x annual earnings not to exceed \$200,000
 GLIAD5 2x annual earnings not to exceed \$100,000
 GLIAD3 2x annual earnings not to exceed \$50,000

Beneficiary Designation:
Please designate at least one beneficiary below. You may designate more than one beneficiary, as long as the percent of benefit totals to 100%. You may click on **+** to add more beneficiaries, or you may click on **-** to delete beneficiaries.

Primary Beneficiary:

First Name	M.I.	Last Name	*Relationship	Email Address	*Phone	Mailing Address	*% of Benefit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Relationship"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Mailing Address"/>	<input type="text" value="0"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

Secondary Beneficiary (optional):

First Name	M.I.	Last Name	*Relationship	Email Address	*Phone	Mailing Address	*% of Benefit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Relationship"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Mailing Address"/>	<input type="text" value="0"/>	<input type="button" value="+"/>	<input type="button" value="-"/>

Click on “Return and Save” to save elections.

IMPORTANT DATES

Plan Year	July 1, 2024 – June 30, 2025
Open Enrollment Dates	
Open Enrollment Election Period	April 24 – May 17, 2024
Open Enrollment Submission Deadline (No changes will be accepted after May 17, 2024)	May 17, 2024
Open Enrollment Submission Confirmation Email (Any discrepancies must be reported to RCUH Employee Benefits section by June 12, 2024)	June 7, 2024
Health (medical/dental) Cards/NBS MasterCard Debit Card will be mailed to employees, if enrolled	Within 10 business days from July 1, 2024
Coverage and Deduction Dates	
Effective Date for Open Enrollment Submission (enrollment and changes)	July 1, 2024
First Premium Deduction for Health Insurance Will Occur (if enrolled)	June 16 – 30, 2024 pay period (will be reflected on July 5th pay statement)
First Premium Deduction for Flexible Spending Accounts for Healthcare and/or Dependent Care, Supplemental Long-Term Care Will Occur, if enrolled	July 1-15, 2024 pay period (will be reflected on July 22nd pay statement)
FSA Reminder Before Open Enrollment (For individuals enrolled in FSA for the 2023-2024 Plan Year)	
Last Day to Spend Your FSA Healthcare/FSA Dependent Care if enrolled for the July 1, 2023 – June 30, 2024 Plan Year	June 30, 2024
Last Day to Submit Receipts (for expenses incurred by June 30, 2024) to NBS for Manual Claim Reimbursement for the July 1, 2023 - June 30, 2024 Plan Year	September 28, 2024

See **RCUH Employee Benefits Deduction Schedule**.

REQUIRED SUPPORTING DOCUMENTS

Action	Required Supporting Documents (If document is not in English, please also include translation)
Enroll/Make changes for Self	N/A
Add a Spouse	<ul style="list-style-type: none"> • Marriage Certificate
Add a Civil Union Partner	<ul style="list-style-type: none"> • Civil Union Certificate
Add a Domestic Partner	<ul style="list-style-type: none"> • Notarized Declaration Domestic Partnership (Form B-14) • Affidavit of Dependency for Tax Purposes (Form B-16) – Notarized only if individual is a tax dependent
Add a Dependent Child	<ul style="list-style-type: none"> • Birth Certificate • Guardianship Decree (if legal guardian) • Adoption Decree (if child is placed for adoption or adopted)



HELPFUL TIP: RCUH HR requires documentation to validate an individual's full legal name (i.e., clear indication of first name, middle initial, and last name) and date of birth. Discrepancies may result in delay of enrollment processing and/or services until resolved. For example, some prescriptions require government-issued identification, which must match the name on your health card and prescription.

OPEN ENROLLMENT CHECKLIST

- Review your current enrollments and how much they are costing you.** Log into **Employee Self-Service** > Benefits > Benefits Summary.
- Check your plan's monthly premiums.** If applicable, compare the **monthly premium rates** to your spouse's.
- Decide which plan is best for you and your family this year.** Understand your current coverage plan and how much it is actually costing you (e.g., monthly premiums, out-of-pocket expenses, etc.). It is always best to **review health plans** annually and assess how you are using the plan.
 - Are there any foreseeable upcoming changes? (e.g., birth of child, any scheduled surgeries, etc.)?
 - How often do you and your family go to the doctor?
 - How much do you and your family spend each year on out-of-pocket healthcare expenses (e.g., doctor's visits, copayments, urgent care, emergency room bills, prescriptions etc.)?
 - Do you require specialty care or special prescriptions? If so, make sure the plan you are enrolling into covers these.



Note - If you cancel health coverage with RCUH, you will not be able to enroll back into our plan until next year's Open Enrollment period unless you experience a **Qualifying Life Event**.

- Adding eligible dependents?** Start preparing your required supporting documents. If we do not have your dependent on file, you will need to submit supporting documentation that confirms their legal name, date of birth, and validates their proof of relationship.
- Waiving medical coverage?** If you are waiving medical coverage, you must complete an eWaiver form for each plan year. If you are currently waived, your waiver is only good through June 30, 2024, so RCUH will need a new waiver for the upcoming plan year.

OPEN ENROLLMENT CHECKLIST

- Interested in a Flexible Spending Account (FSA) this year?** Determine if an FSA might be appropriate for you and your family (spouse and eligible dependents). RCUH has two FSAs – for healthcare expenses and for dependent care expenses. In addition to your out-of-pocket costs, review the list of eligible FSA expenses. You may be surprised at what you can purchase using pre-tax dollars! See the **RCUH Benefits Spotlight: Flexible Spending Accounts Healthcare & Dependent Care** for more information.

Based on your predictable and foreseeable spending for the next plan year, calculate your annual commitment of how much you would like to contribute to a FSA Healthcare and/or FSA Dependent Care account over the course of 24 pay periods.

REMEMBER: Budget wisely! Remaining balances at the end of the plan year (i.e., June 30th) or upon termination of eligibility are subject to forfeiture. Use it or Lose it—no exceptions.

Re-enrollment is not automatic. If you want to continue your current FSA benefit, you must re-enroll in the benefit.

REMINDERS: Pre-Tax Parking and Transit enrollments, changes, or cancellations are not part of Open Enrollment. **Do NOT submit forms to EUTF or Island Flex. EUTF and Island Flex programs are for State of Hawai'i employees and not for RCUH employees.**



HELPFUL TIP: Choosing a health insurance plan is not an easy decision! Have a family discussion. Monthly premiums are just one expense. Take some time to review your credit card bills and checking accounts for all medical-related expenses! The plan with the lowest monthly premium may actually be costing more if you factor in out-of-pocket expenses. Be sure to factor in your deductibles, copayments/coinsurance, calendar year maximum out-of-pocket levels and your expected usage for the year (scheduled surgery or orthodontics). If you require specialty care or prescriptions, be sure the plan you choose covers what you need. Your needs may actually change from year to year. This is a family financial decision that affects everyone in the household.

OPEN ENROLLMENT CHECKLIST:

- Update your Life Insurance Beneficiaries (for Regular, Relief Status employees 75% FTE or greater only)

1. After Open Enrollment ends, the life insurance beneficiaries will be housed online in your Employee Self-Service. For this Open Enrollment period, ALL eligible employees (Regular Status 75% FTE or more) are required to review and update their Group Life Insurance beneficiaries and maintain this information as necessary. You will need: Beneficiary's legal name, mailing address or email address, and phone number.
2. Confirm your Life Insurance maximum coverage amount in **Employee Self-Service** > Benefits > Benefits Summary. If you previously reduced below the default level (up to 2x annual salary up to \$600k) and wish to increase your maximum coverage amount, please contact the RCUH Employee Benefits section to complete the necessary documents. You may need to complete a medical underwriting process with MetLife.



HELPFUL TIP: Read **MetLife's What Is a Beneficiary & How Do You Choose One?** for the difference between a primary beneficiary and contingent (or secondary) beneficiary.

- Consider Long Term Care Supplemental Insurance (for Regular, Relief status employees 75% FTE or greater only)

1. Determine interest in insurance coverage above and beyond the base benefit (**refer to Long Term Care Insurance section in this Guide**) for:
 - a. Eligible and enrolled employee
 - b. Eligible family member
2. Use the UNUM Calculator to adjust state of residency, age, duration, and amount of benefit you are looking for <https://unuminfo.com/rcuh/default.aspx>
3. Complete EMPLOYEE or FAMILY Enrollment Form and LTC Insurance Application and submit to RCUH Employee Benefits at rcuh_benefits@rcuh.com by May 17, 2024. A medical questionnaire and signed Authorization to Request Medical Information must be completed and you must be approved for coverage by UNUM prior to confirmation of coverage.

OPEN ENROLLMENT CHECKLIST:

SUBMIT YOUR FORM:

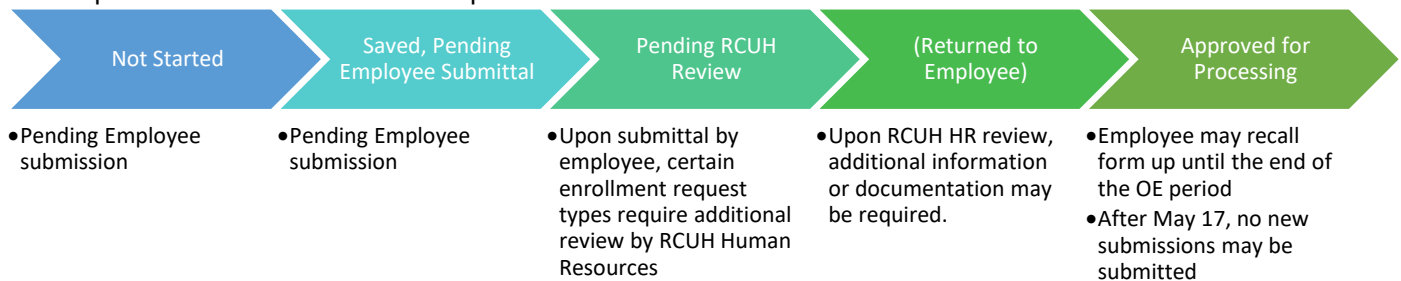


IMPORTANT: All benefits eligible employees are **REQUIRED** to submit an Open Enrollment Form, even if you are not making any changes!

Submit your electronic RCUH Open Enrollment form in ESS. The deadline will be May 17, 2024. You can always save your progress and submit when you are ready. Some actions may require additional documentation and RCUH review upon submittal. You can also recall your submission and edit your response and resubmit up until May 17. No changes will be accepted after May 17, absent extenuating circumstances.

RCUH OPEN ENROLLMENT FORM – STATUS EXPLANATION:

RCUH Open Enrollment Form: Status Explanations



OPEN ENROLLMENT CONFIRMATION NOTICE

You should expect to receive a confirmation email from RCUH Human Resources upon the processing of all submissions no later than June 7, 2024 to your primary email address in Employee Self-Service. This notification will serve as a final confirmation of your Open Enrollment elections. Any discrepancies should be reported to the RCUH Employee Benefits section no later than June 12, 2024. If you fail to submit your election, the default enrollments will be confirmed, including waiver of medical insurance. Failure to submit a new waiver may lead to disciplinary action, up to and including termination of employment.

WHAT'S NEW IN 2024

1. New electronic Open Enrollment form via RCUH **Employee Self-Service** portal. RCUH Open Enrollment 24-25 Form submissions requested for all benefits-eligible employees.
2. Life Insurance Beneficiary(ies) moving to new location in RCUH Employee Self-Service effective July 1, 2024.
3. Increases in IRS maximum contribution limits for Flexible Spending Account (FSA) Healthcare, and Pre-Tax Parking and Transit spending accounts. No change to FSA Dependent Care maximum limit from 2023.

	2024 Maximum Limit	2023 Maximum Limit
Tax Year Period	January 1, 2024 – December 31, 2024 (The last pay period for the 2024 Tax Year will be December 15, 2024 because pay day will be December 20, 2024)	January 1, 2023 – December 31, 2023 (The last pay period for the 2023 Tax Year was December 15, 2023 because pay day was December 22, 2023)
Flexible Spending Account (FSA) Healthcare	\$3,200 (\$133.33 per pay period)	\$3,050
Flexible Spending Account (FSA) Dependent Care	\$5,000 (\$208.33 per pay period)	\$5,000
Pre-Tax Parking	\$3,780 (\$315 per month)	\$3,600
Pre-Tax Transit (bus pass)	\$3,780 (\$315 per month)	\$3,600

4. **Medical and Dental Rates** updated for July 1, 2024 – June 30, 2025 plan year.

5. Medical Plans

Kaiser:

- o Enhanced Dependent Child Coverage While Away from Hawai'i
- o Enhanced Hearing Aid benefit

HMSA:

- o HMSA Essential Drug Plans: Oral Chemotherapy

6. Updated **RCUH Benefits Webpage**:

- o RCUH **Employee Benefit Spotlight Series**: Provides quick overviews on employee benefits related topics that matter to you. New content added quarterly. Features include: Understanding Your Pay Statement, Healthcare Options, Flexible Spending Accounts, Health Insurance: Qualifying Life Event, and more!
- o Updated **Financial Wellness** Tile: Links to monthly webinars, local consultant contact information.

RCUH MONTHLY HEALTH INSURANCE PREMIUMS

(JULY 1, 2024 – JUNE 30, 2025)

MEDICAL PLANS (Includes: Drug, Vision, Chiropractic)	Plan Type	Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE+ER)
HMSA Comprehensive Medical Basic	PPO Plan Type	Single	\$258.09	\$387.13	\$645.22
		2-Party	\$516.16	\$774.24	\$1,290.40
		Family (3+)	\$903.64	\$1,355.46	\$2,259.10
HMSA Comprehensive Medical	PPO Plan Type	Single	\$296.39	\$444.59	\$740.98
		2-Party	\$592.74	\$889.12	\$1,481.86
		Family (3+)	\$1,037.67	\$1,556.51	\$2,594.18
HMSA Preferred Provider	PPO Plan Type	Single	\$375.36	\$563.04	\$938.40
		2-Party	\$750.71	\$1,126.07	\$1,876.78
		Family (3+)	\$1,314.14	\$1,971.22	\$3,285.36
HMSA HMO Hawai'i Residents Only	HMO Plan Type	Single	\$343.58	\$515.36	\$858.94
		2-Party	\$687.16	\$1,030.74	\$1,717.90
		Family (3+)	\$1,202.86	\$1,804.28	\$3,007.14
Kaiser HMO Standard - Plan A Hawai'i Residents Only	HMO Plan Type	Single	\$199.33	\$299.00	\$498.33
		2-Party	\$398.67	\$598.00	\$996.67
		Family (3+)	\$697.67	\$1,046.51	\$1,744.18
Kaiser HMO Comprehensive - Plan B Hawai'i Residents Only	HMO Plan Type	Single	\$231.16	\$346.74	\$577.90
		2-Party	\$462.32	\$693.47	\$1,155.79
		Family (3+)	\$809.05	\$1,213.59	\$2,022.64
DENTAL PLAN		Coverage Tier	Employee (EE)	Employer (ER)	TOTAL (EE+ER)
Hawaii Dental Service		Single	\$14.12	\$21.19	\$35.31
		2-Party	\$28.24	\$42.36	\$70.60
		Family (3+)	\$46.40	\$69.61	\$116.01

Monthly premiums for medical and dental plans are collected the pay period prior to the coverage month. For example, July premiums are collected during the June 16-30 pay period and reflected on the July 7th pay statement. See [RCUH Medical Plan Comparison](#).

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

WHEN YOU CAN ENROLL:

- Upon new hire (does not include employees transferring from one RCUH project to another with no break-in-service)
- Annual Benefit Open Enrollment period (late April – mid May and all changes are effective July 1st)
- Within 30 days of a **Qualifying Life Event**
- Upon becoming benefits eligible (i.e., FTE change or other applicable employment status change)

WHO YOU CAN COVER:

Employees are responsible for providing updated and accurate information on their health enrollment form. Documentation confirming proof of relationship must be provided at the time of enrollment. Employees are required to inform RCUH of changes to a dependent's eligibility status (i.e., in the case of a divorce or separation of legal partnership). Failure to update RCUH of changes to a dependent's eligibility status may result in ineligibility of health benefits, and you may be required to pay any incurred expenses out-of-pocket.

For more information, please visit the Benefits Spotlight – Health Insurance: **Qualifying Life Event**

- Legally married spouse (consistent with the definition of marriage as defined under the laws of the State of Hawai'i)
- Civil union partner (consistent with the definition of civil union partnership as defined under the laws of the State of Hawai'i)
- Domestic partner
 1. The employee and the domestic partner are in an exclusive spouse-like relationship and intend to remain in a domestic partnership with each other indefinitely.
 2. The employee and the domestic partner have a common residence, and intend to reside together indefinitely.
 3. The employee and the domestic partner are and agree to be jointly and severally responsible for each other's basic living expenses incurred in the domestic partnership, such as food, shelter, and medical care.
 4. Neither the employee nor the domestic partner is married or a member of another domestic partnership.
 5. The employee and the domestic partner are not related by blood in a way that would prevent them from being married to each other in the State of Hawai'i.
 6. The employee and the domestic partner are both at least 18 years of age and mentally competent to contract.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

7. The consent to the domestic partnership by the employee or the domestic partner has not been obtained by force, duress, or fraud.
8. The employee and the domestic partner agree to sign and file with RCUH any and all declarations of domestic partnership and/or verifications of eligibility as the RCUH Board of Directors may from time to time prescribe.



NOTE: The taxability of health insurance premiums depends on whether the domestic partner qualifies as a “dependent” with the Internal Revenue Service (IRS). Since domestic partners are not considered “qualified beneficiaries” under the Internal Revenue Code, they are not eligible to receive COBRA benefits.

- o If your domestic partner qualifies under the IRS as a dependent: The entire employee portion of the 2-party premium contributions is deducted on a pre-tax basis
 - o If your domestic partner does not qualify under the IRS as a dependent: Only the employee portion of the premium contribution will be deducted on a pre-tax basis and the difference between the 1 and 2-party premiums will be paid with after-tax payroll deductions
- Offspring under the age of 26
 - Disabled offspring over the age of 26 who cannot support themselves because of a mental or physical disability which occurred prior to age 26

Employers are required by law to honor the federally standardized national Medical Support Notices (NMSN) and RCUH must honor all “Qualified Medical Support Orders” received. Notice will be provided to affected employees by RCUH Human Resources and the employee may not voluntarily eliminate coverage of the children unless the plan administrator is provided satisfactory written evidence that either: (1) the court or administrative child support order is no longer in effect, or (2) the children are enrolled in a comparable health insurance plan elsewhere.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

WHEN COVERAGE BEGINS:

New hires via Electronic Hiring System (EHS) prior to start:

- If hired between the 1st and the 20th of the month, coverage begins on the 1st of the month following hire date
Example: If hired on March 15th, coverage will begin on April 1st
- If hired between the 21st and the end of the month, coverage begins on the 1st of the second month following receipt of request
Example: If hired on March 21st, coverage will begin on May 1st

Mid-year enrollments (due to change in eligibility or Qualifying Life Event) via Employee Self-Service eUpload

- If request and supporting documentation is received by RCUH within 30 days of change in eligibility/qualifying life event and between the 1st and the 20th of the month, coverage begins on the 1st of the following month following receipt of request.
Example: If change request and appropriate documentation is received by RCUH HR on March 15th, coverage will begin on April 1st.
- If request and supporting documentation is received by RCUH HR within 30 days of change in eligibility/qualifying life event and between the 21st through the end of the month, coverage begins on the 1st of the second month following receipt of request (e.g., if change request and appropriate documentation is received by RCUH HR on March 21st, coverage will begin on May 1st).

Open Enrollment (annual election period typically held in late April – mid May)

- July 1st

Coverages start on the first day of the month, end on the last day of the month, and are typically for whole months only. All requests and effective dates are subject to RCUH HR's review and approval. Contact RCUH the Employee Benefits section if you believe you have extenuating circumstances.

CHANGE TO INITIAL ENROLLMENT FOR NEW HIRES:

As a new hire, changes can be made to your initial enrollment up until the 20th of the month after your start date. For example, if you start on May 5th, you have up until May 20th to notify RCUH Employee Benefits of your requested change. If you start on May 20th, you must notify RCUH Employee Benefits of your change no later than your first day. If you start on May 21st, you have until June 20th to notify RCUH HR of your change. Once a deduction has been collected, you may no longer make changes to your plan until the next Open Enrollment period, or you experience a Qualifying Life Event.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

HEALTH INSURANCE CARDS:

Once enrolled in health insurance, the respective insurance carrier will send insurance cards for you and your enrolled family members. Cards will be mailed to your mailing address on file in RCUH Employee Self-Service. New hires can refer to their hire confirmation email for their effective coverage date. It may take up to 10 business days after your effective coverage date for you to receive your physical cards in the mail.

You may confirm which plan you are enrolled in at Employee Self-Service > Benefits > Benefits Summary.

Contact Customer Service to re-issue your insurance card:

Plan	Provider	Contact
Medical	Hawaii Medical Service Association (HMSA)	Customer Relations (800) 776-4672 Website: www.hmsa.com In-person HMSA Centers located on O’ahu, Kauai, Maui, and Hawai’i Island can assist walk-in inquiries
Vision	Hawaii Medical Service Association (HMSA)	Eye-Med Website: https://eyedoclocator.eyemedvisioncare.com/hmsa/en
Medical (including Vision)	Kaiser	Customer Service: (800) 966-5955 Care Transition Team: (808) 643-5744 https://select.kp.org/rcuh#/Welcome/welcome
Dental	Hawaii Dental Service (HDS)	Customer Service: (808) 529-9248 Website: https://HawaiiDentalService.com

In the meantime, if you obtain your membership ID from the provider above you can create an online account to obtain a copy of your digital card.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

COST OF COVERAGE AND PREMIUM COLLECTION:

Medical plan years follow the RCUH fiscal year (July 1st through June 30th of the following year), and rates and plan offerings are subject to change every July 1st.

Your medical plan's monthly premium cost depends on:

- The plan you enroll in
- If you cover yourself only or other eligible family members (Coverage Tier)

Premium collections (Employee contribution + Employer contribution) for medical and dental occur during the second pay period of the month (16th – end of the month) for the following month's coverage. This is reflected on the pay statement for the 7th of the following month (or the business day prior to the 7th if it falls on a weekend or holiday).

Example: Premiums are collected in the June 16th – 30th pay period for July coverage. The employee will see the deduction on their July 7th pay statement, which reflects pay for hours reported on the eTimesheet for the June 16th – 30th pay period.

See **Calendars** for the RCUH Payroll Schedule and to view the pay days for each pay period.

PRE-TAX DEDUCTIONS:

Health premiums are defaulted to deduct from your paycheck before taxes are calculated. If you prefer your health premiums to be deducted post-tax (uncommon), please contact RCUH Employee Benefits to coordinate. If you are currently enrolled in post-tax deductions and would like to change to pre-tax, you must wait until the next Benefit Open Enrollment period.

Certain eligible dependents (e.g., domestic partners) may not be considered (tax) qualified dependents and their portion of the premiums are deducted as post-tax deductions.

You may view this on your pay statements in **Employee Self-Service** > Payroll and Compensation > View Pay Statement.

See **Benefits Spotlight: Understanding Your Pay Statement**.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

TRANSFER EMPLOYMENT TO OR FROM ANOTHER STATE OF HAWAII AGENCY:

All RCUH employees are State, Non-Civil Service employees. Benefit offerings (including years of service, medical insurance, dental insurance, FSA or pre-tax benefits, leave balances, etc.) from other State of Hawai'i agencies are not transferable to or from RCUH.

TRANSFER OF EMPLOYMENT (within RCUH) – NO BREAK IN SERVICE:

If you transfer from an RCUH benefits-eligible position (i.e., Regular, Relief Status employee 50% FTE or greater) to another benefits-eligible position with no break in service, your health insurance enrollments will not be affected. You will not need to re-enroll in voluntary benefit programs (e.g., medical, dental, FSA Healthcare or Dependent Care, Pre-tax Transportation and Parking Accounts, Supplemental Long-Term Care). Upon transfer, you will not be able to make any changes to current health elections/waivers or change FSA contribution amounts (not considered “new hire”) and will have to wait until the next Open Enrollment period. Sick leave and vacation leave balances will transfer. All employees are subject to vacation plan forfeitures pursuant to **RCUH Policy 3.620 Vacation Leave**.

New/Different Position – Same Project/Principal Investigator: Benefit enrollments and vacation and sick leave balances transfer to the new position.

New/Different Position – Change in Project/Principal Investigator: Benefit enrollments transfer to the new position. Vacation and sick leave balances transfer to the new position and are assumed by the new (accepting) project.



Helpful Tip: When taking a new position, please plan accordingly if you are transferring from Vacation Plan B to Vacation Plan A. It is recommended that you be transparent with your current project and new project about your vacation balance you may wish to consider exhausting your forfeiture amount before transferring to your new project instead of carrying that balance over.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

REHIRE (within RCUH) – BREAK IN SERVICE:

If you have a break in service, you will have the opportunity to re-enroll in benefits, if eligible with your new position. Your previous benefit enrollments will not transfer to your new position. If your eligibility for health insurance benefits in your first position ends, you will be issued a COBRA continuation notice, even if you may be eligible and enrolled in benefits in your new position with RCUH.

If you do not enroll into voluntary benefits (e.g., medical, dental, FSA Healthcare or FSA Dependent care, or pre-tax parking or transit, Supplemental Long Term Care) as a new hire, you will have to experience a Qualifying Life Event or wait until the next Open Enrollment period to enroll.

CANCELING AND WAIVING MEDICAL COVERAGE:

You may voluntarily cancel coverage for you and/or eligible dependents at any time via Employee Self-Service eUpload, however RCUH reserves the right to determine the cancellation effective date (due to receipt of complete documents and RCUH HR internal electronic enrollment file processing deadlines). No retroactive cancellations are allowed. Voluntary cancellations of coverage for employees and their dependents do not qualify for COBRA continuation options.

If you choose not to enroll in medical coverage with RCUH, a waiver must be submitted acknowledging RCUH made an offer of medical insurance. By signing the waiver, you are voluntarily declining enrollment and confirming you will be ineligible for the Premium Tax Credit (PTC) since medical coverage was offered through RCUH (employer-sponsored coverage). This information is reported annually to the IRS and will be confirmed on the **IRS Form 1095-C**. The waiver will be kept on file and is for the applicable plan year. A new waiver is required for each plan year that you waive coverage.

Mid-year enrollments or changes in health insurance are not allowed and will have to wait until the next annual benefit Open Enrollment period unless the individual experiences a Qualifying Life Event.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

CHANGES TO ENROLLMENTS DUE TO QUALIFYING LIFE EVENTS:

A **Qualifying Life Event** is a change in an employee's situation that makes them eligible to enroll or make changes to their health insurance outside of the annual benefit Open Enrollment period. Enrollments or changes must be consistent with the Qualifying Life Event and submitted within 30 days of the event. Submissions are subject to RCUH's review of documentation and approval of the effective date of change due to payroll processing deadlines. Although you have 30 days to submit enrollment/changes to RCUH, the approval date will be contingent upon the RCUH Deadline Schedule due to RCUH's enrollment file transmission to providers and timing of deductions. See the **RCUH Deadline Schedule** in the appendix.

There may be exceptions in certain situations (e.g., birth of a newborn). You must contact the RCUH Employee Benefits section before the 30-day deadline if you have a special situation.

Common examples of Qualifying Life Events:

- Adoption, Birth, Guardianship
- Civil Union Partnership
- Court Order or Qualified Medical Child Support Order
- Divorce
- Involuntary Loss of Coverage
- Marriage
- Return from Leave of Absence
- Legal Separation/Termination of Domestic Partnership

This list is not exhaustive. Please contact RCUH Benefits if you have a special circumstance.

LINKS:

eUpload for Employees - One Pager

eUpload for Employees - Video

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

LIST OF COMMON QUALIFYING LIFE EVENTS ADDITION:

Submit forms and supporting documentation via **Employee Self-Service (ESS)** eUpload. This list is not inclusive. If you have any questions or have a situation not listed, please contact the RCUH Employee Benefits Section at rcuh_benefits@rcuh.com or (808) 956-6979 or (808) 956-2326. All submissions are subject to RCUH's review and approval. RCUH may change the effective date due to deadlines. Submissions received outside of the 30-day deadline will not be accepted, absent extenuating circumstances.

Effective Dates: If all documentation is received by the 20th of the month, the earliest effective date may be the 1st of the following month. If received after the 20th of the month, the earliest effective date will be the 1st of the second following month. Example: If received by October 20th, the earliest effective date may be November 1st. If received after October 20th, the earliest effective date is December 1st.

Event	When Health Enrollment/Change B5H Form Must Be Submitted via eUpload	Supporting Documentation	Changes Allowed
Adoption (Employee wants to add child to plan)	Within 30 days from adoption or placement of the adoption date.	Proof of adoption or placement of adoption (i.e., certification from recognized adoption agency).	No changes. May enroll dependent onto existing health plan. May not add other dependents at this time.
Birth (Employee wants to add newborn to plan)	Within 30 days from baby's date of birth. Contact us regarding the effective date.	Proof of baby's birth (must include date of birth and parent's names). Contact us if your name is not listed.	No plan changes. May enroll newborn to existing health plan. May not add other dependents at this time.
Civil Union Partnership (Employee wants to add partner to plan)	Within 30 days of date of notarized legal partnership.	Proof of legal partnership. If adding partner's eligible dependent(s), proof of relationship documents (Birth certificate).	No plan changes. May enroll partner (and enroll eligible dependents) onto existing health plan.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

LIST OF COMMON QUALIFYING LIFE EVENTS ADDITION:

Event	When Health Enrollment/Change B5H Form Must Be Submitted via eUpload	Supporting Documentation	Changes Allowed
Court Order of Qualified Medical Child Support Order (To cover eligible dependent)	No B5H form is required if employee is already enrolled. If employee is not enrolled, they will have 30 days to submit the B5H. If enrollment is not completed within 30 days, employee and child(ren) will be added to the lower health plan.	RCUH receives the court order directly from the Child Support Enforcement Agency (CSEA).	No plan changes. May enroll (and enroll eligible dependents).
Guardianship (Employee wants to add child to plan)	Within 30 days of date of guardianship.	Proof of guardianship certified document.	No plan changes. May enroll (and enroll eligible dependents).
Involuntary Loss of Coverage (Employee and/or dependent who loses health coverage & wants to enroll in plan)	Within 30 days of involuntary loss of coverage.	Proof from previous employer of type of coverages lost (i.e., medical, dental).	No plan changes. May enroll (and enroll eligible dependents)
Marriage (Employee wants to add spouse to plan)	Within 30 days of date of marriage.	Proof of marriage.	No plan changes. May enroll partner (and enroll eligible dependents) onto existing health plan.
Return from Leave of Absence (LOA) or Protected Leave Without Pay	Within 30 days after returning from an LOA or protected leave without pay.	Submission of health form.	Employee must enroll in the same plans (and enroll same eligible dependents).

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

NAME AND ADDRESS CHANGES:

Update your contact information in RCUH Employee Self-Service portal. RCUH's monthly enrollment files will contain updated information to vendors. If you need to request new cards, utilize your online account with the respective vendor to request new cards.

Effective Dates: If all documentation is received by the 20th of the month, the earliest effective date may be the 1st of the following month. If received after the 20th of the month, the earliest effective date will be the 1st of the second following month. Example: If received by October 20th, the earliest effective date may be November 1st. If received after October 20th, the earliest effective date is December 1st.



Helpful Tip: RCUH Blackout Periods: Twice a month, RCUH HR suspends all changes to information in the system to prepare for payroll processing. No data changes are allowed during this time by employees and even RCUH HR staff! Please refer to the **RCUH Personnel Action & Payroll Calendars** for blackout periods.

WHEN COVERAGE ENDS - HEALTH INSURANCE COVERAGE END DUE TO LEAVE OF ABSENCE WITHOUT PAY, CHANGE IN EMPLOYMENT STATUS, FAILURE TO SUBMIT HOURS:

Coverage may end on the last day of the month when you go on unpaid leave, terminate employment, lose eligibility status, or fail to submit your eTimesheet resulting in reduced or no pay for an entire pay period.

If your reason for leave without pay is due to a protected leave status (e.g., Family & Medical Leave, Hawai'i Family Leave, Military Leave, Workers' Compensation, etc.) and you wish to continue your health insurance enrollment, please contact RCUH Benefits for continuation options.

Upon return to work, you will need to re-enroll in your health insurance within 30 days via Employee Self-Service eUpload, as re-enrollment is not automatic.

WHEN COVERAGE ENDS - TERMINATIONS:

Your health insurance with RCUH as an active employee will end on the last day of the month of your last day of employment.

GENERAL RULES FOR RCUH HEALTH INSURANCE (MEDICAL AND DENTAL)

COBRA CONTINUATION OF COVERAGE:

If you or any family member(s) lose eligibility for RCUH group medical/dental coverage, you may be able to continue group coverage through **COBRA** (Consolidated Omnibus Budget Reconciliation Act of 1985) for a period of time, starting from the day you first lose coverage, typically for 18 months (for termination of employment, reduction of hours) or 36 months (aging out of qualified dependent status at age 26, death, divorce, etc.) and may last longer in certain circumstances. This allows you to continue your group insurance on an individual basis and submit payments directly to the respective insurance carrier (HDS, HMSA, or Kaiser).

Monthly **COBRA premiums** are 102% of the total monthly premium (100% of the monthly premium plus a 2% administrative fee). COBRA rates are subject to change every July 1st and are updated during the annual Open Enrollment period and communicated to all enrollees.



Did you know: Three rules apply to making changes to your benefits mid-year:

1. Any changes you make must be consistent with the change in status/qualifying life event.
2. You must submit your change request within 30 days of the event.
3. With the exception of newborns, coverages are for whole months only and changes are effective on the first of the month.

PLAN DOCUMENTS:

COBRA General Information

Termination of Employment: Helpful Resources

COBRA Monthly Premium Rate Sheet

General Information: RCUH Termination of Employment

MEDICAL PLANS (Includes Vision)

WHO IS COVERED:

RCUH employees and eligible family members

WHO PAYS THE PREMIUM:

Employee (40% of monthly premium for employees and their enrolled dependents, defaulted to pre-tax) and Employer (60% of monthly premium for employees and their enrolled dependents)

ELIGIBILITY:

Two types of eligibility:

- Regular Status: **RCUH Policy 3.520 RCUH Health Plans**
Regular, Relief, and Non-Regular Status employees 50% FTE (Full Time Equivalency) or greater
- ACA (Affordable Care Act 2010): **RCUH Policy 3.520B Health Insurance**
Non-Recruited employees 75% FTE or greater upon hire and employees meeting the 130-hour calendar month threshold

WHAT THE PLANS COVER:

Medical plans provide comprehensive coverage, including doctor's visits, hospital services, prescription drugs, and behavioral health services. RCUH plans are designed to help maintain wellness and protect you and your family from major financial hardships in the event of illness or injury. Preventive care such as annual physical exams and immunizations are typically free of charge in all plans; however, some restrictions, such as using in-network providers, may apply.

Drug, vision and chiropractic riders may vary for each vendor and plan.

TYPES OF HEALTH INSURANCE PLANS:

Health Maintenance Organizations (HMO) Plan Type

An **HMO plan** is a medical plan that uses a network of health care professionals and facilities associated with the HMO. HMOs require you to choose a primary care physician (PCP) from their network of providers to coordinate your care. To see a specialist, you must have a referral from your PCP within the network. Typically, an HMO plan does not cover the cost of services you receive from doctors or other providers outside the HMO's network and facilities.

Since all of RCUH's HMO networks are localized to Hawai'i, you must live or work in the plan's service area (i.e., state of Hawai'i) to be eligible to enroll in any of RCUH's HMO plans. Please review the plan document for dependent children coverages outside of Hawai'i.

MEDICAL PLANS (Includes Vision)

Preferred Provider Organizations (PPO) Plan Type

PPOs offer a broad network of providers and allow you the flexibility to see non-network providers. You do not typically need a referral to see specialists. You must meet the plan's deductible before you start paying co-insurance, which is a percentage of the cost of services. You typically pay a smaller percentage for in-network providers.

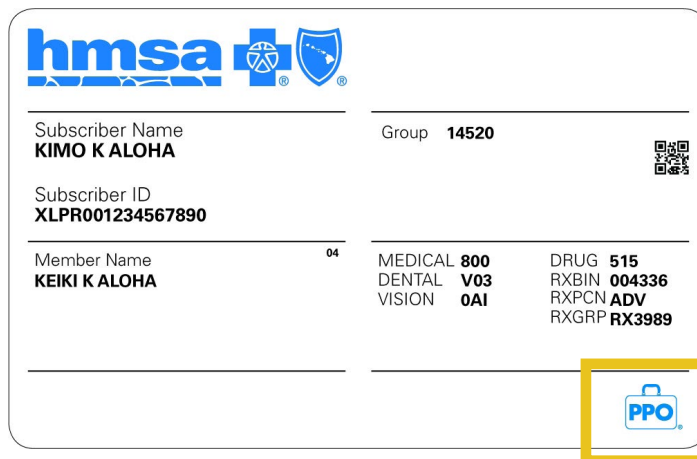
Before making an appointment, ask if your medical provider is in your plan's network. If you use an out-of-network provider, your out-of-pocket costs may be higher. You may also be responsible for submitting your own claims.

Outside of Hawai'i, HMSA PPO insurance is covered under Blue Cross Blue Shield.



Helpful Tip - Preferred Provider Organization Plan type (PPO Plan Type) versus HMSA Preferred Provider plan: although HMSA Comprehensive Medical plans and HMSA Comprehensive Medical Basic plans are both considered PPO Plan Type insurance plans, do not confuse them with the HMSA Preferred Provider Plan.

The HMSA Preferred Provider will be indicated with the letters "PPO" in the briefcase located on the bottom right of your HMSA ID card. CompMed and CompMed Basic will not have "PPO" indicated on the briefcase.



MEDICAL PLANS (Includes Vision)

RCUH Medical Insurance Summary: Plan Comparison: In-Network Coverages July 1, 2024 - June 30, 2025

	HMSA Comprehensive Medical Basic	HMSA Comprehensive Medical	HMSA Preferred Provider	HMSA HMO	Kaiser HMO Standard (Plan A)	Kaiser HMO Comprehensive (Plan B)
Links to Full Plan Document and Summary of Benefits & Coverages (SBC)	Plan Document SBC	Plan Document SBC	Plan Document SBC	Plan Document SBC	Plan Document SBC	Plan Document SBC
Plan Type	Preferred Provider Organization			Health Maintenance Organization		
In-Network	Blue Cross Blue Shield https://www.hmsa.com/search/providers/			HMSA Facility and Primary Care Physician (PCP)	Kaiser Permanente Hawaii https://healthy.kaiserpermanente.org/hawaii/docs-tors-locations#/search-form	
Mainland Coverage	Mainland care: Blue Cross Blue Shield			Out of network	Out of network *Additional coverage available for dependents outside service area	
Annual Deductible	Individual: \$500 Family: \$1,500	\$0	\$0	\$0	\$0	\$0
Annual Out of Pocket Maximum: Medical (calendar year)	Individual: \$4,600 Family: \$12,000	Individual: \$2,500 Family: \$7,500	Individual: \$2,500 Family: \$7,500	Individual: \$2,500 Family: \$7,500	Individual: \$3,000 Family: \$9,000	Individual: \$2,500 Family: \$7,500
Annual Out of Pocket Maximum: Drug (calendar year)	Individual: \$3,600 Family: \$4,200				Applies toward the maximum out of pocket limit	
Monthly Premium Cost (Employee cost only)	Single: \$258.09 2-Party: \$516.16 Family: \$903.64	Single: \$296.39 2-Party: \$592.74 Family: \$1,037.67	Single: \$375.36 2-Party: \$750.71 Family: \$1,314.14	Single: \$343.58 2-Party: \$687.16 Family: \$1,202.86	Single: \$199.33 2-Party: \$398.67 Family: \$697.67	Single: \$231.16 2-Party: \$462.32 Family: \$809.05
To help maintain your health						
Annual Preventive Health Exam	no charge					
If you need immediate medical attention						
Urgent Care	25% coinsurance	\$14 copayment	\$12 copayment	\$20 copayment	\$25 copayment	\$15 copayment
Emergency Room	25% coinsurance	20% coinsurance		\$100 copayment	20% coinsurance	\$100 copay
Ambulance (ground or interisland air)	25% coinsurance	20% coinsurance		20% coinsurance	20% coinsurance	
If you visit a doctor or clinic (outpatient)						
Doctor or Specialist Visit (includes mental health)	25% coinsurance	\$14 copayment	\$12 copayment	\$20 copayment	\$25 copay per visit	\$15 copay per visit no charge for children under 17
Lab Tests (bloodwork)	25% coinsurance	\$0	20% coinsurance	\$10 copayment	20% coinsurance per dept/day	\$15 copay per dept/day
Surgery (outpatient)	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$25 copayment	10% coinsurance
If you have a hospital stay (inpatient)						
Hospitalization/Inpatient services	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$150 copay per day	10% coinsurance
If you're pregnant						
Routine Prenatal, Postnatal Visits	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$0	\$0
Delivery, Hospital Room & Board	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$150 copay per day	\$0
Other coverages						
Outpatient prescription drugs	Refer to Drug Rider: \$7 copayment (Tier 1); \$30 copayment (Tier 2); \$30 copayment + \$45 cost share (Tier 3); \$100 copayment (Tier 4); \$200 copayment (Tier 5)				Refer to Drug Rider: \$3 generic maintenance; \$10 generic; \$45 brand; \$200 specialty	
Gym Membership Discount	Active & Fit Program				\$200 Gym/\$10 Home Fitness	
Vision Exam	\$10 copayment				no charge	
Chiropractic Office Visits	n/a	\$14 copayment	\$12 copayment	\$10 copayment	20 visits @ \$20/visit Refer to Kaiser CAMN+ flyer	
Alternative Medicine (Acupuncture, Massage Therapy, Naturopathy)	n/a					

This summary is a brief description of select benefits for vendor and plan comparison purposes only. Refer to Full Plan Documents and Summary of Benefits & Coverages (SBC) for details of plan coverage and exclusions.

MEDICAL PLANS (Includes Vision)

LIST OF AVAILABLE PLANS:

Depending on your type of eligibility, employees have either six or one option for coverage.

Regular Status Eligible Employees have six options: RCUH Policy 3.520 RCUH Health Plans
Regular, Relief, and Non-Regular Status employees 50% FTE (full time equivalency) or greater

RCUH Medical Plan	Plan Type	Summary	Full Plan Document	Additional
HMSA Comprehensive Medical Basic	PPO Plan Type	Summary of Benefits & Coverages (SBC)	Plan Document	Drug Rider
HMSA Comprehensive Medical	PPO Plan Type	Summary of Benefits & Coverages (SBC)	Plan Document	Drug Rider Complementary Care
HMSA Preferred Provider	PPO Plan Type	Summary of Benefits & Coverages (SBC)	Plan Document	Drug Rider Complementary Care
HMSA HMO limited to Hawai'i residents only	HMO Plan Type	Summary of Benefits & Coverages (SBC)	Plan Document	Drug Rider Complementary Care
Kaiser HMO Standard (Plan A) limited to Hawai'i residents only	HMO Plan Type	Summary of Benefits & Coverages (SBC)	Benefit and Payment Chart	Drug: See Plan Document Vision Rider CAMN Rider
Kaiser HMO Comprehensive (Plan B) limited to Hawai'i residents only	HMO Plan Type	Summary of Benefits & Coverages (SBC)	Benefit and Payment Chart	Drug: See Plan Document Vision Rider CAMN Rider



Helpful Tip: The Summary of Benefits & Coverages (SBC) document contains coverage examples for each plan. Please note that these are NOT cost estimators and actual costs may vary depending on the actual care you receive.

MEDICAL PLANS (Includes Vision)

ACA (Affordable Care Act 2010) Eligible Employees have one option (based on location):
RCUH Policy 3.520B Offers Health Insurance under the ACA

Non-Recruited employees 75% FTE or greater and employees meeting the 130-hour calendar month threshold

RCUH Medical Plan	Plan Type	Summary	Full Plan Document	Additional
Kaiser HMO Standard (Plan A) DEFAULT - Limited to Hawai'i residents only	HMO Plan Type	Summary of Benefits & Coverages (SBC)	Benefit and Payment Chart	Drug: See Plan Document Vision Rider CAMN Rider
HMSA Comprehensive Medical Basic Limited to outside Hawai'i residents only	PPO Plan Type	Summary of Benefits & Coverages (SBC)	Plan Document	Drug Rider



Did you know? Out-of-pocket plan deductibles are tracked on a calendar year basis.

USING THE MEDICAL PLANS WITH FSA HEALTHCARE

Out-of-pocket medical expenses can be paid with pre-tax dollars. Allowed expenses include insurance copayments and deductibles, qualified prescription drugs, and medical devices.

The opportunity to enroll in FSA Healthcare only comes once a year during the annual Open Enrollment period so plan ahead to determine the amount of funds you would like to set aside to pay for eligible medical, dental, and vision care expenses not already covered by insurance. Flexible spending accounts are subject to limitations set by the plan agreement, including, but not limited to, maximum contribution levels determined by the IRS, use or lose, and reimbursement eligibility of specific expenses. Unused balances at the end of the plan year are subject to forfeiture.

Please refer to the FSA Healthcare Section of this Guide.

MEDICAL PLANS (Includes Vision)

TRANSITION TO MEDICARE:

If you continue working at RCUH past age 65 and participate in the RCUH medical plan, you may not be required to sign up for Medicare Parts A, B, or D. Any family member covered by your employee medical plan (with the exception of your domestic partner in some cases who becomes eligible for Medicare), may also defer signing up for **Medicare** at <https://www.medicare.gov/>. Please contact Medicare for assistance at 1-800-MEDICARE (1-800-633-4227).

TRANSITION TO RCUH RETIREE HEALTH AND LIFE INSURANCE PROGRAM

(see **RCUH Policy 3.550**):

RCUH provides a health and life insurance program for eligible employees retiring from RCUH in recognition and appreciation of their long and faithful service. If you plan to participate in the RCUH Retiree Health and Life Insurance program and are retiring within the next plan year, think carefully about the medical plan you choose. Unless you transition to a Medicare-eligible RCUH retiree health plan, no other changes to medical plans are allowed until the next annual Open Enrollment period. If you are not enrolled in RCUH's medical plan, you will not be eligible for the program.

RCUH Retiree medical insurance plans are available and the retiree is responsible for direct payment to the respective vendor for the full monthly premium (no RCUH contributions). RCUH Retiree medical insurance plans provide medical and drug coverage, but do not include vision benefits. RCUH does not provide dental insurance in the RCUH Retiree program.

RCUH employees must apply for the program within 60 days of termination. This benefit is not automatic. After 60 calendar days from the effective date of termination, the individual irrevocably waives the retiree medical coverage for themselves and their spouse/civil union partner.

PLAN DOCUMENTS

RCUH Retirees Webpage

RCUH Retiree Group Health and Life Insurance Enrollment Form

KAISER LINKS

Fit Rewards Program

Away From Home Care

Convenient Care Anytime

Out of Area Dependent Coverage

Wellness Coaching

HMSA LINKS

Active and Fit Program

Annual Preventative Care

Behavioral Health Program

Well-Being Resources

DENTAL PLAN

WHO IS COVERED:

RCUH employees and eligible family members

WHO PAYS THE PREMIUM:

Employee (40% of monthly premium for employees and their enrolled dependents – defaulted to pre-tax) and Employer (60% of monthly premium for employees and their enrolled dependents)

ELIGIBILITY:

Regular, Relief, and Non-Regular Status employees 50% FTE (full time equivalency) or greater

WHAT THE PLANS COVER:

Diagnostic, preventive, medical risk factors (e.g., diabetes, pregnancy), basic care, orthodontics. There is a 12-month waiting period from the date of enrollment for major dental care (i.e., crowns and gold restorations, fixed bridges and dentures, and implants).

COST OF COVERAGE AND PREMIUM COLLECTION:

Dental plan years follow the RCUH fiscal year (July 1st through June 30th of the following year) and rates are subject to change every July 1st.

Premium collections (Employee contribution + Employer contribution) occur during the second pay period of the month (16th – end of the month) and are reflected on the pay stub for the 7th of the month (or last weekday prior to the 7th if it falls on a weekend or holiday).

PLAN DOCUMENTS

Hawaii Dental Service Summary of Benefits

DENTAL PLAN

SMILEPERKS:

HDS has perks available like additional vision coverage, however you may need to pay additional premiums on your own (through HDS).

DELTA DENTAL
HDS
Hawaii Dental Service

SMILE PERKS
FOR HDS MEMBERS

Access Your **SMILEPerks** Now!
Log onto your HDS Member Dashboard at HawaiiDentalService.com/members and click the link to the HDS Smile Perks. If you don't have an account, simply create one and follow the prompts.



Take fitness to another level with a bike or sports gear!
Get new fitness gear from McCully Bicycle and Sporting Goods! HDS members get a 10% discount in store off selected items. Show the cashier your HDS member ID to redeem your discount. Discount applies to regular-priced items; excludes tennis balls and fishing supplies. - 2124 King Street, Honolulu, HI



Lights. Camera. SMILE!
HDS members get 5% off any photo booth reservation with Party Pix Hawaii. Reserve your photo booth at partypixhawaii.com and enter the discount code **HDSFIVE** during check out to receive your SMILEPerks discount.

HawaiiDentalService.com/members



Treat your pups to a day at a local oasis.

Aloha Dog provides day care, boarding and grooming services for dogs. Aloha Dog is offering new clients 50% off the evaluation interview fee. Enrolling dogs 20lbs. and under. HDS members also receive a 10% discount for weekday boarding from Monday through Thursday. Call (808) 591-1727 for more information. Show your HDS member ID card and picture ID upon receiving services to redeem your discount. - 5228 Cummer St, Honolulu, HI

Stay Active & Fit Year-round!

HDS provides its members access to local fitness centers through its partnership with the Active & Fit Direct program starting at \$25 per month. (Includes a \$25 enrollment fee and applicable taxes.) Register yourself and your family at any of the participating gyms. Visit the HDS Member Portal for more information.

Go places with Hawaiian Airlines

Save on your next trip to your dream destination! HDS members get an exclusive 5% discount on mainland and international web fares on Hawaiian Airlines! (Excludes fares for Tahiti and American Samoa.) Visit the HDS Member Portal to access this discount.

Vision Care Coverage with VSP

HDS's vision partner, VSP, provides individual vision insurance that gives you access to the services and products you need to care for your eyes. Visit the HDS Member Portal for more information on enrolling with VSP.

SMILE PERKS

Get more out of your HDS dental plan. Take advantage of SMILEPerks!

1. Visit HawaiiDentalService.com/members.
2. Log into the HDS Member Portal.
3. In the HDS SMILEPerks block on the dashboard, click the link to "Learn More."
4. You will be directed to a members' only SMILEPerks page with more information.

SMILEPerks for HDS Members

Save more with offers, deals and discounts from our affiliate partners!
Sign up for a vision insurance plan or take advantage of dental and discounts on a toothbrush, based on gym memberships. Take advantage of being an HDS member and access your SMILEPerks today!

[Learn More](#)

Look for this block on your HDS Member dashboard. Click "Learn More" to view all SMILEPerks details.

HawaiiDentalService.com/members

ADDITIONAL FLYERS:

Athletic Mouth Guards
Brush, Floss, See a Dentist
DentaQual: Objective Ratings for Choosing a Dentist
Dentist By One
Virtual Visits

FLEXIBLE SPENDING ACCOUNT: HEALTHCARE

WHAT IT IS:

A Flexible Spending Account (FSA) is an employer-sponsored employee benefit program that allows you to set aside pre-taxed dollars to pay for eligible out-of-pocket healthcare-related expenses for you and eligible family members on a reimbursement basis. Prior to enrollment, you must determine and commit to the total amount of deductions for the plan year (July 1st through June 30th), subject to the IRS maximum contribution limit for the plan. Contributions will be deducted from your paycheck and deposited into your National Benefit Services (NBS) Account. Amounts contributed are not subject to federal income tax, Social Security tax, or Medicare tax. Any unused funds at the end of the plan year (June 30th) will be forfeited; no rollovers allowed. An FSA can lower your taxable income and increase your take home pay.



IMPORTANT: FSAs may not be advantageous for everyone. Healthcare-related expenses paid for with an FSA cannot be claimed on an annual income tax return. Consult your tax advisor to see how this affects your taxes and help you decide if this option could be beneficial for your situation. RCUH will not provide any tax advice.

WHO IS COVERED:

RCUH Employee, spouse, and eligible tax dependents (including children through the age of 26)

ELIGIBILITY:

RCUH Regular, Relief, or Non-Regular Status employees 50% FTE or greater. You do not have to enroll in an RCUH group health insurance plan to set up a Flexible Spending Account (FSA): Healthcare. However, FSAs are not allowed if you have an individual health insurance plan through the government health insurance marketplace.



Helpful Tip: A Flexible Spending Account (FSA) is different from a Health Savings Account (HSA). HSAs are associated with High Deductible Health Plans (HDHP). RCUH's health plan offerings do not have High Deductible Health Plans (HDHP), so we do not have HSAs. Although FSAs are a Use it or Lose it, they can still be a great way to save money on income taxes if used wisely. Be sure to check if your spouse has an HSA before enrolling. By enrolling into an FSA with RCUH, it may make them ineligible for their HSA. Once enrolled, cancellations are not allowed. We will not be able to undo your enrollment or refund you, absent extenuating circumstances.

FLEXIBLE SPENDING ACCOUNT: HEALTHCARE

PLAN YEAR:

July 1 – June 30 (no rollovers allowed). Tax year maximums are determined by the IRS (pre-tax contributions are reported as they are paid)

PLAN ADMINISTRATION:

National Benefit Services (NBS)



Helpful Tip: Many merchants accept FSA Healthcare MasterCard Debit cards (as long as they accept MasterCard). Certain merchants, such as doctor's offices and select retail stores can confirm the eligibility of items purchased with an FSA card based on the eligibility of the charge or the item's UPC code. See **The Complete FSA Eligibility List**.

REGISTRATION/ACCOUNT ACCESS:

- To access funds, set up an online account on the National Benefit Services (NBS) Web Portal: <https://nbs.wealthcareportal.com/Page/Home>
- Click Register on the home page
- Complete the required registration fields:
 - Employee ID: Your Social Security Number
 - Employer ID: NBS526587

Download the NBS Mobile App to view account balances, view claims, submit claims, access the FSA Healthcare eligible expense barcode scanner and more. See **NBS Mobile App instructions**.

FLEXIBLE SPENDING ACCOUNT: HEALTHCARE

REIMBURSEMENT PROCESS:

NBS MasterCard Debit card or Manual Claims Submission

- **NBS MasterCard Debit Card:** Upon enrollment, employees enrolled in the FSA Healthcare benefit will be mailed an NBS MasterCard Debit card via U.S. Postal Service to their mailing address on file in RCUH's Employee Self-Service. The card will arrive in a plain white envelope from National Benefit Services (NBS). Please do not throw this away! Your NBS MasterCard is a debit card preloaded with your total plan year balance. Using your NBS card will automatically draw down your FSA Healthcare account. Log into the NBS Web Portal or mobile app and monitor your balance. If you try to spend more than your remaining balance, your card will decline.
- **Manual Submission:** To submit for reimbursement manually, log into your online NBS account/NBS mobile app and click on "Add expense." Complete the fields and upload a copy of your receipt. You may set up a Direct Deposit account for quick and secure reimbursements. You will have up to 90 days after the plan year to submit your receipts for manual claim reimbursement. Remember, expenses must be incurred by June 30.



Helpful Tip: Keep your receipts, even if you make purchases with your NBS card! Reimbursements may be subject to random audit by NBS (to ensure expenses are eligible). If you receive a routine audit alert, simply upload your receipt or respond to the prompts to provide additional information requested.

WHAT THE PLANS COVER/QUALIFIED ELIGIBLE EXPENSES:

The IRS determines eligibility of "qualified medical expenses." Expenses must be for the primary purpose of diagnosing, treating, curing, mitigating, or preventing a medical condition. Allowable expenses include copayments, coinsurance, deductibles, qualified prescription drugs, insulin, and medical devices. Certain medical products and services require a "letter of medical necessity" or LMN in order to be eligible.

Cosmetic expenses, things for general health (like gym memberships and multivitamins that are not for a medical condition), and insurance premium payments are not eligible. Funds are non-transferrable to the FSA Dependent Care, Pre-Tax Parking, or Pre-Tax Transit accounts.

See **NBS Flexible Spending Account Brochure**, **RCUH Benefits Spotlight: Flexible Spending Accounts**, **The Complete FSA (Healthcare) Eligibility List**, **IRS FAQ about medical expenses**, and **Learn About Letter of Medical Necessity**.

FLEXIBLE SPENDING ACCOUNT: HEALTHCARE

FUNDS SUBJECT TO USE OR LOSE:

It is important to estimate your annual qualified expenses carefully because, based on Internal Revenue Service (IRS) regulations and plan rules, unclaimed funds remaining in your account after the end of the plan year (June 30) will be forfeited. Voluntary mid-year changes to enrollment, contribution changes, or cancellations are not allowed unless an employee experiences an appropriate Family Status Change.

It is important that the employee correctly estimates qualified expenses for the plan year PRIOR to enrolling and ensure the reimbursement submittal deadlines are met. Claims for reimbursement can only be made for expenses incurred within the plan year during an employee's enrollment in the benefit. Any unreimbursed funds will be forfeited by the employee and will remain the property of RCUH. There is no exception to the "use or lose" rule.



Helpful Tip - Determining your annual contribution: RCUH has no rollover grace period, so it is important to estimate your expenses for each plan year. Remember, your FSA funds can be used to pay for medical, dental, vision, and mental health visits. Do your best to calculate your contribution. Consider predictable and foreseeable expenses, and don't forget to look at last year's expenses. Use the FSA Store's **FSA Calculator** to help estimate your health spending.

MID-YEAR PLAN CHANGES – ELIGIBLE FSA FAMILY STATUS CHANGE EVENTS:

Cancellations of the plan are not allowed. New enrollments or changes to contribution amounts must be appropriate to the event and requested within 30 days of the event. Requests received after the 30 day deadline will not be accepted.

- a. Marriage
- b. Divorce
- c. Death of spouse or dependent, legal separation, or annulment
- d. Birth, adoption, or placement for adoption of a child
- e. Dependent satisfies or ceases to satisfy the requirements for coverage due to change in age, status, or any similar circumstance
- f. Termination or commencement of employment of employee, spouse, or dependent
- g. Strike or lockout of employee, spouse, or dependent
- h. Change in worksite of employee, spouse, or dependent
- i. Change in the place of residence of employee, spouse, or dependent that would lead to a change in status, such as moving out of a coverage area for insurance
- j. Significant change to the health plan benefit



Did you know: Change in Family Status rules are governed by the IRS and strict adherence is required for RCUH to maintain qualified status for our FSA.

FLEXIBLE SPENDING ACCOUNT: HEALTHCARE

WHEN AN EMPLOYEE ENTERS LEAVE WITHOUT PAY (LWP) STATUS (Healthcare FSA only):

You will still have access to your FSA Healthcare. Upon your return, RCUH will back-collect contributions for the plan year that were not collected while you were on extended LWP status. If there are insufficient earnings to deduct the employee's FSA Healthcare election, employees will be required to "catch up" on any missed deductions while on leave. If the correction to the missed deduction is processed in a different tax year, the employee may have a reduced maximum contribution amount for the year and will remain the property of RCUH.

There is no exception to the "use or lose" rule.

WHEN COVERAGE ENDS (Benefit Eligibility):

Enrollment in the benefit and access to available funds will end on the last day of the month in which an employee has eligible employment status. Employees have 90 days from their effective date of coverage end or end of the plan year to submit claims for reimbursement of expenses incurred while actively enrolled in the plan. After separation from employment, access to funds will be terminated.

Continuation Options (mid-year coverage end): If the employee has contributed more than their reimbursed expenses at the end of enrollment, COBRA continuation options may be available. Contact RCUH Employee Benefits for more information.

PLAN DOCUMENTS:

Plan Document

What is a Flexible Spending Account (FSA) Flyer

FLEXIBLE SPENDING ACCOUNT: DEPENDENT CARE

WHAT IT IS:

A Flexible Spending Account (FSA) is an employer-sponsored employee benefit program that allows you to set aside pre-taxed dollars to pay for eligible work-related childcare or daycare expenses for eligible family members on a reimbursement basis. Prior to enrollment, you must determine and commit to the total amount of deductions for the plan year (July 1st through June 30th), subject to the IRS maximum contribution limit for the plan. Contributions will be deducted from your paycheck and deposited into your National Benefit Services (NBS) Account.

Amounts contributed are not subject to federal income tax, Social Security tax, or Medicare tax. Any unused funds at the end of the plan year (June 30th) will be forfeited; no rollovers allowed. An FSA can lower your taxable income and increase your take home pay.



IMPORTANT: FSAs may not be advantageous for everyone. Healthcare-related expenses paid for with an FSA cannot be claimed on an annual income tax return. Consult your tax advisor to see how this works with or affects your taxes and help you decide if this option could be beneficial for your situation. RCUH will not provide any tax advice.

WHO IS COVERED:

RCUH Employee's (tax dependent) family member(s)

ELIGIBILITY:

Regular, Relief, or Non-Regular Status employees 50% FTE or greater

WHEN TO ENROLL:

- Upon new hire
- Family Status Changes: enrollment must be consistent with event and within 30 days of event
- Open Enrollment: Employees must re-enroll every plan year. Re-enrollment into the next plan year is not automatic.

FLEXIBLE SPENDING ACCOUNT: DEPENDENT CARE

WHEN COVERAGE BEGINS:

- For new hires: Coverage will begin the first of the month following the date of hire
- For current employees enrolling or re-enrolling during the annual Open Enrollment period: July 1

If you enroll mid-year, expenses incurred prior to your enrollment effective date are not eligible for reimbursement.

PLAN YEAR:

- July 1 – June 30 (no rollovers allowed)
- Tax year maximums are determined by the IRS (pre-tax contributions are reported as they are paid)

PLAN ADMINISTRATION:

National Benefit Services (NBS)

CONTRIBUTION LIMITS:

An employee who elects to participate in a Flexible Spending Account (FSA) Dependent Care plan can contribute up to the IRS limit (\$5,000 for single taxpayer or married couples filing jointly or \$2,500 married couples filing separately for a maximum deduction of \$208.33 per pay period) through semi-monthly payroll deductions. Amounts contributed are not subject to federal income tax, Social Security tax, or Medicare tax.

ELIGIBLE DEPENDENTS:

- Qualifying child who is age 12 or younger for whom you claim a dependency exemption on your income tax return
- Qualifying relative (i.e., a child over age 12, your parent, a spouse's parent) who is physically or mentally incapable of caring for themselves and has the same principal place of abode as you for more than half of the year
- Spouse who is physically or mentally incapable of caring for themselves and has the same principal place of abode as you for more than half of the year

FLEXIBLE SPENDING ACCOUNT: DEPENDENT CARE

ELIGIBLE EXPENSE EXAMPLES:

Refer to the IRS Publication 503 for qualified child and dependent care expenses. The IRS determines eligibility of dependent care expenses. They must be work-related expenses that allow you (or your spouse) to work or look for work; they are for the qualifying person's care (well-being and protection); and they are incurred during the plan year. Allowable expenses include:

- Before and after school and/or extended day programs
- Day care in your home or elsewhere so long as the dependent regularly spends at least eight hours a day in your home
- Base cost of day camps or similar programs

Education expenses (schooling for a child in kindergarten and above), child support payments, and expenses that are not work-related (babysitting while you go to the movies) are not eligible. Funds are non-transferrable to the FSA Healthcare, Pre-Tax Parking, or Pre-Tax Transit accounts.

See **IRS Publication 503, RCUH Benefits Spotlight: Flexible Spending Accounts**, and **NBS What is Dependent Care Assistance Program (DCAP)**.

IRS REGULATIONS/CONSIDERATIONS:

- You cannot be reimbursed for dependent care expenses that were paid to one of your dependents, your spouse, or one of your children who is under the age of 19.
- In the event you use a day care center that cares for more than six children, the center must be licensed.
- You must provide the day care provider's Social Security Number/Tax Identification Number (EIN) when you file your taxes.
- You can use a Dependent Care FSA in conjunction with the Dependent Care Tax Credit, however, the same dollars cannot count towards both benefits. Please consult a tax professional to discuss your situation and alternative options.



Helpful Tip: Save your receipts! The IRS requires that all FSA reimbursements be substantiated with receipts or other forms of documentation. Documentation must note: individual's name, provider's name, date of service, type of service, and cost. You must identify all persons or organizations that provide care for your child or dependent on Form 2441 when filing your taxes, so be sure to consult your tax advisor to see if you and your family are eligible and if this benefit is right for you.

FLEXIBLE SPENDING ACCOUNT: DEPENDENT CARE

REGISTRATION/ACCOUNT ACCESS:

- To access funds, set up an online account on the National Benefit Services (NBS) Web Portal: <https://nbs.wealthcareportal.com/Page/Home>
- Click Register on the home page
- Complete the required registration fields:
 - Employee ID: Your Social Security Number
 - Employer ID: NBS526587

Download the NBS Mobile App to view account balances, view claims, submit claims, access the eligible expense barcode scanner, and more. See [NBS Mobile App instructions](#).

REIMBURSEMENT PROCESS:

Unlike the FSA Healthcare, the full annual contribution amount will not be available on day one. You will only be able to reimburse as contributions are deducted from your paycheck and deposited into your NBS account.

- **Manual Submission:** To submit for reimbursement manually, log into the NBS Web Portal/mobile app and click on add expense. Complete the fields and upload a copy of your receipt. Once approved, you will receive your reimbursement as a check in the mail (within 10 days) or direct deposit (requires set up).

You will have up to 90 days after the plan year to submit your receipts for manual claim reimbursement. Remember, expenses must be incurred by June 30.



Helpful Tip: Unlike the FSA Healthcare, you typically cannot use the NBS debit card for reimbursement as most Day Care centers are not set up for these charges. For the FSA Dependent Care, you typically pay for your dependent care up front, then log into your online NBS account and submit for reimbursement.

FUNDS SUBJECT TO USE OR LOSE:

It is important that the employee correctly estimate qualified expenses for the plan year PRIOR to enrolling and ensure that reimbursement submittal deadlines are met. Claims for reimbursement can only be made for expenses incurred within the plan year during an employee's enrollment in the benefit. Any unreimbursed funds will be forfeited by the employee and will remain the property of RCUH. **There is no exception to the "use or lose" rule.**

FLEXIBLE SPENDING ACCOUNT: DEPENDENT CARE

MID-YEAR PLAN CHANGES – ELIGIBLE FSA FAMILY STATUS CHANGE EVENTS:

Cancellations of the plan are not allowed. New enrollments or changes to contribution amounts must be appropriate to the event and requested within 30 days of the event via RCUH Employee Self-Service eUpload.

- a. Marriage
- b. Divorce
- c. Death of spouse or dependent, legal separation, or annulment
- d. Birth, adoption, or placement for adoption of a child
- e. Dependent satisfies or ceases to satisfy the requirements for coverage due to change in age, status, or any similar circumstance
- f. Termination or commencement of employment of employee, spouse, or dependent
- g. Strike or lockout of employee, spouse, or dependent
- h. Change in worksite of employee, spouse, or dependent
- i. Changes in dependent care provider coverage such as provider cost increases; participant receives a pay raise; free care becomes available; provider is no longer available
- j. Changes to elections due to a cost change imposed by a dependent-care provider who is a relative are not allowed

WHEN EMPLOYEE ENTERS LEAVE WITHOUT PAY (LWP) STATUS:

If there are insufficient earnings to deduct the employee's FSA Dependent Care election, employees may request a "catch-up" to collect any missed deductions while on leave, however, deductions will be recorded and reported to the IRS during the tax year actually collected.

WHEN COVERAGE ENDS (Benefit eligibility):

Enrollment in the benefit will end on the last day of the month in which an employee has eligible employment status. Employees have 90 days from their effective end date of coverage or end of the plan year to submit claims for reimbursement of expenses incurred while actively enrolled in the plan. After separation from employment, access to funds will be terminated.

PLAN DOCUMENTS:

Plan Document

What is a Dependent Care Assistance Program Flyer

RCUH Flexible Spending Accounts (FSA) Overview: Plan Year July 1st - June 30th

	FSA Healthcare	FSA Dependent Care
What is it For?	For eligible medical, dental, vision expenses only for you, your spouse, and your children under the age of 26.	For eligible childcare expenses (like preschool) for children under the age of 13 and/or adult day care for family members who you claim as a tax dependent.
Annual Limit (per IRS) Updated for Tax Year 2024	\$3,200 (maximum of \$133.33 per pay period)	\$5,000 (single taxpayer or married filing jointly) or \$2,500 (married filing separately) (maximum of \$208.33 per pay period)
When Do Deductions Occur? (see <u>Understanding Your Pay Statement</u>)	Deducted from paycheck semi-monthly (or every pay period), then deposited into your NBS account. ("Medical Expense Reimbursement" on Pay Statement)	Deducted from paycheck semi-monthly (or every pay period), then deposited into your NBS account. ("Dependent Expense Reimbursement" on Pay Statement)
How Do I Access My Funds in My NBS Account?	<ul style="list-style-type: none"> NBS debit card (automatically draws down from available balance in your NBS account) Submit manual claims for reimbursement via NBS online account or mobile app <ul style="list-style-type: none"> You will receive reimbursement as a manual check or direct deposit (requires set up) 	Submit manual claims for reimbursement via NBS online account or mobile app <ul style="list-style-type: none"> You will receive reimbursement as a manual check or direct deposit (requires set up)
Availability of Funds in NBS Account	Total amount committed for the plan year will be available on July 1st (or 1st of the following month of date of hire for new hires).	As contributions are received.
Funds Subject to Forfeiture?	Yes. Any funds not used by the end of the Plan Year (June 30th) will be forfeited. No rollovers allowed.	
Can I change/cancel my contribution amount?	Cancellation not allowed. Typically mid-year changes are not allowed and employees must wait until Open Enrollment, unless change is consistent with a Family Status Change event.	
What happens if I terminate or become ineligible for the benefit prior to the end of the plan year?	Access to available balance in account will end at the end of the month of when you terminate/become ineligible. Reimbursements allowed for expenses prior to termination/ineligibility. May be eligible for COBRA enrollment if reimbursements did not exceed contribution amount.	Access to available balance in account will end at the end of the month of when you terminate/become ineligible. Reimbursements allowed for expenses prior to termination/ineligibility. No COBRA option.
Do I need to renew annually?	Yes. If you want to continue, you must re-enroll during Open Enrollment. Re-enrollment is not automatic.	

Questions - contact RCUH Employee Benefits Section at rcuh_benefits@rcuh.com, or (808) 956-6979 or (808) 956-2326

PRE-TAX PARKING ACCOUNT

WHAT IT IS:

The Pre-Tax Transportation Benefits Plan (PTBP) allows employees the opportunity to set aside pre-taxed funds towards qualified transportation fringe expenses such as parking. Contributions will be deducted from the employee's paycheck and deposited into their National Benefit Services (NBS) account. Amounts contributed are not subject to federal income tax, Social Security tax, or Medicare tax. Employees will be taxed on a smaller portion of their income, allowing them to take home more of the money they earn. Employees access the funds from their NBS account to reimburse themselves for eligible parking expenses they paid for out-of-pocket. Although balances may carry over into the next plan year, reimbursements may only be submitted for the applicable plan year.

WHO IS COVERED:

RCUH employees

WHO PAYS:

Employee deductions will be taken once a month (during the 1st - 15th pay period - reflected on the pay statement on the 22nd of the month).

ELIGIBILITY:

Regular, Relief, or Non-Regular Status employees 50% FTE or greater

WHEN TO ENROLL:

Enrollments may occur at any time. Submit form in the Employee Self-Service eUpload. Follow the **RCUH Employee Benefits Deadline Schedule**.

WHEN COVERAGE BEGINS/EFFECTIVE DATE OF COVERAGE:

The first of the month following enrollment.

PLAN YEAR:

July 1–June 30, but funds may roll over into the next plan year as long as the employee remains enrolled in the benefit. Reminder: Although funds may roll over, keep in mind that you can only reimburse for expenses in the applicable plan year (e.g., you cannot reimburse for parking from three years ago).

PRE-TAX PARKING ACCOUNT

PLAN ADMINISTRATION:

National Benefit Services (NBS)

CONTRIBUTION LIMITS:

An employee who elects to participate in the Pre-tax Parking benefit can contribute up to the IRS limit (\$3,780 annual or \$315 per month) through monthly payroll deductions.

WHAT THE PLAN COVERS/ ELIGIBLE QUALIFIED PARKING EXPENSES:

A qualified transportation fringe is defined by the IRS (IRC 132(a)(5)) as access to parking provided to an employee by their employer (1) on or near the employer's business premises, or (2) at a location from which the employee commutes to work. Funds are nontransferrable to FSA Healthcare, FSA Dependent Care, or Pre-Tax Transit accounts.

REGISTRATION/ACCOUNT ACCESS:

- To set up an online account on the National Benefit Services (NBS) Web Portal: <https://nbs.wealthcareportal.com/Page/Home>
- Click Register on the home page
- Complete the required registration fields:
 - Employee ID: Your Social Security Number
 - Employer ID: NBS526587

Download the NBS Mobile App to view account balances, view claims, submit claims, access the eligible expense barcode scanner and more. See [NBS Mobile App instructions](#).

CHANGES/CANCELLATIONS TO ENROLLMENTS:

Changes or cancellations may be submitted at any time. Submit form in the Employee Self-Service eUpload. Follow the [RCUH Employee Benefits Deadline Schedule](#). If change/cancellation is not received, then contributions will continue to deduct from paychecks. It is the employee's responsibility to monitor payroll deductions, contribution amounts, balances, and submit forms timely.

PRE-TAX PARKING ACCOUNT

REIMBURSEMENT PROCESS:

Manual Submission: To submit for reimbursement manually, log into your online NBS account/ NBS mobile app and click on “Add expense.” Complete the fields and upload a copy of your receipt. You may set up a Direct Deposit account for quick and secure reimbursements.

WHEN EMPLOYEE ENTERS LEAVE WITHOUT PAY (LWP) STATUS:

If there are insufficient earnings to deduct the employee’s pre-tax election, deductions will not take place. Upon return from leave, the deductions will commence automatically. Catch-up contributions will not be allowed.

FUNDS SUBJECT TO USE OR LOSE:

It is important to ensure the reimbursement submittal deadlines are met. Claims for reimbursement can only be made for expenses incurred within the plan year during an employee’s enrollment in the benefit. Upon termination of employment, any unreimbursed funds will be forfeited by the employee and will remain the property of RCUH. **There is no exception to the “use or lose” rule.**

WHEN COVERAGE ENDS:

Enrollment in the benefit will end on the last day of the month in which an employee has eligible employment status. Employees have 90 days from their effective end date of coverage or end of the plan year to submit claims for reimbursement of expenses incurred while actively enrolled in the plan. After separation from employment, access to funds will be terminated.

PLAN DOCUMENT:

RCUH NBS Transportation Benefit Plan Document

PRE-TAX TRANSIT ACCOUNT (BUS PASS)

WHAT IT IS:

The Pre-Tax Transportation Benefits Plan (PTBP) allows employees the opportunity to set aside pre-taxed funds towards qualified transportation fringe expenses such as transit. Contributions will be deducted from the employee's paycheck and deposited into their National Benefit Services (NBS) account. Amounts contributed are not subject to federal income tax, Social Security tax, or Medicare tax. Employees will be taxed on a smaller portion of their income, allowing them to take home more of the money they earn. Employees access the funds from their NBS account to reimburse themselves for eligible transit expenses they paid for out-of-pocket. Although balances may carry over into the next plan year, reimbursements may only be submitted for the applicable plan year.

WHO IS COVERED:

RCUH Employees

WHO PAYS:

Employee deductions will be taken once a month (during the 1st - 15th pay period - reflected on the pay statement on the 22nd of the month) for the next month's bus pass.

ELIGIBILITY:

Regular, Relief, Non-Regular Status employees 50% FTE or greater

WHEN TO ENROLL:

Enrollments may occur at any time. Submit form in the Employee Self-Service eUpload. Follow the **RCUH Employee Benefits Deadline Schedule**.

WHEN COVERAGE BEGINS:

Because employees need to purchase a bus pass the month prior, the effective date may be the first of the month two months following the enrollment.



Why is my effective date so far in the future? A bus pass for March is actually purchased in February for use in March. If the effective date of enrollment is March 1st, the deduction must take place in the February 1-15 pay period so funds are available in their NBS account in late February for the employee to purchase their March bus pass.

PRE-TAX TRANSIT ACCOUNT (BUS PASS)

PLAN YEAR:

July 1–June 30, but funds may roll over to the next plan year as long as the employee remains enrolled in the benefit. Reminder—Although funds may roll over, keep in mind that you can only reimburse expenses in the applicable plan year (e.g., you cannot reimburse a bus pass from three years ago).

PLAN ADMINISTRATION:

National Benefit Services (NBS)

CONTRIBUTION LIMITS:

An employee who elects to participate in the Pre-tax Transit benefit can contribute up to the IRS limit (\$3,780 annual or \$315 per month) through monthly payroll deductions.

WHAT THE PLAN COVERS/ ELIGIBLE QUALIFIED TRANSIT EXPENSES:

Under federal law, qualified transportation fringe benefits consist of transit passes. Benefits that qualify as transportation fringe benefits are not part of an employee's taxable wages. These benefits are exempt from federal income and payroll taxes. The Internal Revenue Service (IRS) sets the federal monthly maximum for qualified transportation benefits annually. Employees cannot use these funds for tunnel, bridge, or highway tolls, taxis, car services (such as Uber or Lyft), bike shares, or funds used to pay for fuel, mileage, or other costs related to their vehicle.

REGISTRATION/ACCOUNT ACCESS:

- To set up an online account on the National Benefit Services (NBS) Web Portal: <https://nbs.wealthcareportal.com/Page/Home>
- Click Register on the home page
- Complete the required registration fields:
 - Employee ID: Your Social Security Number
 - Employer ID: NBS526587

Download the NBS Mobile App to view account balances, view claims, submit claims, access the eligible expense barcode scanner, and more. See [NBS Mobile App instructions](#).

CHANGES/CANCELLATIONS TO ENROLLMENTS:

Any time via RCUH Employee Self-Service eUpload. Effective date of change will be determined by RCUH.

PRE-TAX TRANSIT ACCOUNT (BUS PASS)

REIMBURSEMENT PROCESS:

- **Manual Submission:** To submit for reimbursement manually, log into your online NBS account/NBS mobile app and click on “Add expense.” Complete the fields and upload a copy of your receipt. You may set up a Direct Deposit account for quick and secure reimbursements.
- **Debit Card:** Although the NBS debit card is only provided to those enrolled in FSA Healthcare accounts, certain providers may accept the NBS debit card for payment. Funds will be deducted from the appropriate account.

WHEN EMPLOYEE ENTERS LEAVE WITHOUT PAY (LWP) STATUS:

If there are insufficient earnings to deduct the employee’s pre-tax election, deductions will not take place. Upon return from leave, the deductions will commence automatically. Catch-up contributions will not be allowed.

FUNDS SUBJECT TO USE OR LOSE:

It is important to ensure that reimbursement submittal deadlines are met. Claims for reimbursement can only be made for expenses incurred within the plan year during an employee’s enrollment in the benefit. Upon termination of employment, any unreimbursed funds will be forfeited by the employee and will remain the property of RCUH. **There is no exception to the “use or lose” rule.**

WHEN COVERAGE ENDS:

Enrollment in the benefit will end on the last day of the month in which an employee has eligible employment status. Employees have 90 days from their effective end date of coverage or end of the plan year to submit claims for reimbursement of expenses incurred while actively enrolled in the plan. After separation from employment, access to funds will be terminated.

PLAN DOCUMENT:

RCUH NBS Transportation Benefit Plan Document

RCUH PreTax Transportation Benefits Plan (PTBP) Overview

	PreTax Parking	PreTax Transit
What is it For?	Reimbursement for parking expenses for employee's commute to work.	Reimbursement for transit expenses for employee's commute to work. Bus pass only for Hawaii.
Annual Limit (per IRS) Updated for Tax Year 2024	\$3,780 (maximum of \$315 per month)	
When Do Deductions Occur? (see <u>Understanding Your Pay Statement</u>)	Deducted from paycheck monthly (1st-15th pay period) and will be deposited into your NBS account. ("Parking Reimbursement" on Pay Statement) Monthly (1st-15th pay period)	Deducted from paycheck monthly (1st-15th pay period) and will be deposited into your NBS account. ("Bus Pass Spending Account" on Pay Statement)
How Do I Access My Funds in My NBS Account?	Submit manual claims for reimbursement via NBS online account or on the mobile app. You will receive the reimbursement as a manual check that will be mailed to you or direct deposit (requires set up).	
Availability of Funds in NBS Account	As contributions are received.	
Funds Subject to Forfeiture?	Funds roll over to the next plan year. However, reimbursements must be submitted in the correct plan year. Plan Year: July 1st - June 30th.	
Can I change/cancel my contribution amount?	Allowed at any time but must be at least 30 days prior to requested effective date of change/cancellation. Cancellations will suspend access to the account. Contact us if you want to cancel but have a balance.	Allowed at any time but must be at least 60 days prior to requested effective date of change/cancellation. Cancellations will suspend access to the account. Contact us if you want to cancel but have a balance.
What happens if I terminate or become ineligible for the benefit prior to the end of the plan year?	Access to available balance in account will end at the end of the month of when you terminate/become ineligible. Reimbursements allowed for expenses prior to termination/ineligibility. No COBRA option.	
Do I need to renew annually?	No. Your election will remain the same unless you submit a change or cancellation. Deductions will continue to occur if you do not submit a cancellation form.	

Questions - contact RCUH Employee Benefits Section at rcuh_benefits@rcuh.com, or (808) 956-6979 or (808) 956-2326

GROUP LIFE INSURANCE (GLI)

WHAT IT IS:

Life insurance provides financial protection for your dependents in the event of your death and can be important to their future financial security.

WHO IS COVERED:

RCUH Employees

WHO PAYS THE PREMIUM:

RCUH pays the entire monthly premium (refer to **RCUH Policy 3.510**) on behalf of the eligible employee. Premiums are collected from project accounts monthly during the first pay period (1st through the 15th of the month). The Internal Revenue Service (IRS) Code states that any life insurance coverage in excess of \$50,000 provided by an employer, regardless of who pays the premium, is subject to taxation in accordance with its imputed income tax table.

ELIGIBILITY:

Regular, Relief, Non-Regular Status employees 75% FTE or greater

HOW TO ENROLL:

Automatic. No action needed, however, employees are responsible for ensuring their beneficiaries are up to date.

WHEN BENEFIT ELIGIBILITY BEGINS:

First of the month following eligibility into the benefit (e.g., new hire, FTE change, etc.).

GROUP LIFE INSURANCE (GLI)

WHEN INSURANCE TAKES EFFECT (Claim Eligibility):

You must be considered “Actively at Work” before the scheduled effective date of insurance, unless you:

- are capable of active work on that day, but are absent due to vacation, holiday, or scheduled day off; and
- were actively at work on the last scheduled workday before the absence. “Actively at work” means you are performing all of the usual and customary duties of your job on a full-time basis. You will be deemed “Actively at Work” during weekends or policy holder approved vacations, holidays, or business closures if you were “Actively at Work” on the last scheduled workday preceding such time off.

If you are not “Actively at Work” on the date your insurance eligibility begins, your insurance will take effect on the day you resume Active Work.

GROUP LIFE INSURANCE PLAN MANAGEMENT:

Metropolitan Life Insurance (MetLife)



IMPORTANT: Enrollment/eligibility for the benefit is determined by RCUH. Enrollment/eligibility in benefit does not guarantee approval of claim. Claim eligibility is determined by the insurance vendor (MetLife).

COVERAGE LEVELS:

- Up to two times annual earnings not to exceed \$600,000 - DEFAULT (rounded to the next highest \$1,000)

Employees may opt to decrease their life insurance maximum benefit to reduce or avoid “imputed income.” Employees who later wish to increase their coverage will be required to undergo a medical underwriting process through the insurance company prior to approval of a higher coverage amount. After initial hire, changes to coverage level maximums are limited to Open Enrollment periods. Other coverage levels available upon request:

- Up to two times annual earnings not to exceed \$200,000
- Up to two times annual earnings not to exceed \$100,000
- Up to two times annual earnings not to exceed \$50,000



BEFORE YOU CONSIDER REDUCING YOUR COVERAGE LEVELS: Consider your life insurance as an additional layer of financial security for your family members and loved ones in case of your loss. If you decide to increase at a later time, you will be subject to a medical underwriting process that can affect your eligibility to increase your maximum coverage level.

GROUP LIFE INSURANCE (GLI)

For employees age 70 or older, there is a coverage level reduction based on the amount of your insurance that goes into effect on the day before your 70th birthday:

Age of Employee	Percentage Reduction
70	45%
75	35%
80	25%

COST OF COVERAGE:

Total cost is based on the coverage amount.

BENEFICIARY UPDATES:

You may update your beneficiary at any time throughout the year. You do not need the beneficiary's consent to make a change. Changes will take effect upon signature of the RCUH Group Life Insurance Beneficiary panel online. After July 1, 2024, this will be located in the RCUH Employee Self Service > Benefits > Life Insurance Beneficiaries.

- **Primary Beneficiary(ies):** You may have as many primary beneficiaries as you wish and assign a percentage of your insurance coverage to each individual. You may even name a trust as your beneficiary.
- **(OPTIONAL) Secondary Beneficiary(ies):** Also referred to as a contingent beneficiary. If your primary beneficiary has passed away, your contingent beneficiaries will receive the payout.

WHEN EMPLOYEE IS ON EXTENDED SICK LEAVE (Benefit eligibility):

RCUH may continue insurance by paying premiums for employees due to injury or sickness up to six months. Extended absences (paid or unpaid) beyond six months may affect claim eligibility.

WHEN EMPLOYEE ENTERS LEAVE WITHOUT PAY STATUS (Benefit eligibility):

Life insurance benefit eligibility may continue during periods of non-active work due to periods of total disability while an employee is on protected leave status. If the employee takes an unpaid leave (not protected) for the entire pay period from the 1st-15th of the month or longer, their Life Insurance benefit eligibility will be terminated. Upon return to work, the employee is responsible for contacting the RCUH Employee Benefits section to ensure applicable benefits are reinstated.

GROUP LIFE INSURANCE (GLI)

LONG TERM DISABILITY AND GROUP LIFE INSURANCE:

If you become totally disabled and are eligible and approved for a long-term disability claim, you may be eligible for waiver of your basic term life insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner. The amount of life insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

ACCELERATED BENEFIT OPTION:

If you become terminally ill, you or your legal representative have the option to apply for an Accelerated Benefit Option (ABO) before your death, up to 80% of your basic life insurance amount. Limitations may apply, please contact RCUH Employee Benefits for more information.

LIFE INSURANCE CLAIM PROCESS:

Upon notification of the death of an employee enrolled in the RCUH Group Life Insurance benefit, the RCUH Employee Benefits section will reach out to beneficiaries on file to provide claim information.

ADDITIONAL FEATURES:

- Grief Counseling
- Funeral Discounts and Planning Services
- Beneficiary Claim Assistance
- Self Service online legal document preparation

PLAN DOCUMENTS:

Certificate of Coverage: Life Insurance
Summary of Benefits: Life Insurance

LONG TERM DISABILITY INSURANCE (LTDI)

WHAT IT IS:

Time away from work for an illness or unexpected injury could mean months without a paycheck. If your claim is accepted, long term disability benefits provide partial wage replacement income to assist employees who are unable to work for more than 90 days because of an illness or injury. RCUH's disability benefits, along with Workers' Compensation and Social Security disability benefits, create a comprehensive safety net, whether for a few months or a lifetime.

WHO IS COVERED:

RCUH Employees

WHO PAYS THE PREMIUM:

RCUH pays the entire monthly premium (refer to **RCUH Policy 3.510**) on behalf of the eligible employee. Premiums are collected from project accounts monthly during the first pay period (1st through the 15th of the month).

ELIGIBILITY:

Regular, Relief Status employees at 75% FTE or more. Non-U.S citizens working outside of the United States or Canada are subject to review and approval by the insurance company.

HOW TO ENROLL:

Automatic. No action needed.

GROUP LIFE INSURANCE PLAN MANAGEMENT:

Metropolitan Life Insurance (MetLife)



IMPORTANT: Enrollment/eligibility for the benefit is determined by RCUH. Enrollment/eligibility in benefit does not guarantee approval of claim. Claim eligibility is determined by the insurance vendor (MetLife).

LONG TERM DISABILITY INSURANCE (LTDI)

WHEN BENEFIT ELIGIBILITY BEGINS:

First of the month following eligibility into the benefit (e.g., new hire, FTE change).

WHEN INSURANCE TAKES EFFECT:

You must be considered “Actively at Work” before the scheduled effective date of insurance unless you:

- are capable of active work on that day, but are absent due to vacation, holiday, or scheduled day off; and
- were actively at work on the last scheduled workday before the absence. “Actively at work” means you are performing all of the usual and customary duties of your job on a full-time basis. You will be deemed “Actively at Work” during weekends or Policyholder approved vacations, holidays, or business closures if you were “Actively at Work” on the last scheduled workday preceding such time off.

If you are not “Actively at Work” on the date your insurance eligibility begins, your insurance will take effect on the day you resume Active Work.

WHAT THE PLANS COVER:

- Maximum Benefit: 60% of the employee’s pre-disability earnings, not to exceed \$15,000 per month
- Minimum Benefit: \$100
- Maximum Benefit Period: Determined by the employee’s age when disability begins as stipulated in the Certificate of Coverage and Summary Plan Description

Age on the Date of Disability	Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

LONG TERM DISABILITY INSURANCE (LTDI)

EMPLOYEE ASSISTANCE PROGRAM (EAP):

The Employee Assistance Program (EAP) is provided to all employees covered by the LTDI plan. Services include support with mental, financial, physical, and emotional well-being. The EAP is available to provide free support and resources to covered employees and their household members 24 hours a day, 7 days a week. If you accept referrals of outside services, you may be subject to those costs. Please refer to the **How to Use the EAP flyer** for detailed information on this confidential service.

MetLife Employee Assistance Program Website (<https://app.lifeworks.com/>)

Username: metlfeeap

Password: eap

REINSTATEMENT OF GROUP LONG TERM DISABILITY INSURANCE:

If the employee's coverage is canceled, the employee may become insured again as a new member.

WAITING PERIOD:

The waiting period is 90 days. The elimination period is the number of consecutive days during which the employee must be disabled, under the regular care of a physician, and currently not receiving wages before benefits become payable.

LTDI CLAIMS PROCESS:

Waiting Period: 90 days – disability

LTDI Application to RCUH Benefits consists of three sections:

Employer Section: Research project/PI to complete with RCUH HR assistance

Employee Section: Employee to complete

Physician Section: Employee to obtain from physician

RCUH will coordinate the submission of the LTD application to the insurance company. Claims are subject to review and determination by Metropolitan Insurance Company (MetLife).

If accepted, the employee will receive direct payments from MetLife.

LONG TERM DISABILITY INSURANCE (LTDI)

LTDI AND SICK LEAVE:

Sick leave shall not be earned or accrued on time off while receiving LTDI benefits. All sick leave balances for employees on LTDI will be held in abeyance pending the employee's return to work status. If LTDI benefits are paid, accumulated sick leave may be used up through the date an employee qualifies to receive long-term disability benefits. Under certain circumstances, programs (approved by RCUH) may supplement long-term disability benefits with sick leave up to 100% of the employee's pre-disability full pay.

LONG TERM DISABILITY AND GROUP LIFE INSURANCE:

If you become totally disabled and are eligible and approved for a long term disability claim, you may be eligible for waiver of your basic term life insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner. The amount of life insurance being continued will be the same as during the original period of disability, subject to any reductions in coverage amount due to age.

WHEN EMPLOYEE IS ON EXTENDED SICK LEAVE (Benefit eligibility):

Long term disability benefit eligibility may continue during periods of non-active work due to periods of total disability while an employee is on protected leave status. If the employee takes an unpaid leave (not protected) for the entire 1st-15th pay period or longer, their Long Term Disability Insurance benefit eligibility will be terminated. Upon return to work, the employee is responsible for contacting RCUH Employee Benefits section to ensure applicable benefits are reinstated.

LTDI AND RETURN TO WORK:

After approval of an LTDI claim and prior to returning to work, the employee must provide a physician certification that allows the employee to return to work at full duty. If the employee is unable to perform their essential duties as described in their Job Description, RCUH HR may initiate a Job Physical Analysis—an interactive process involving the employee, their project, and their physician to determine if accommodations can be provided to allow the employee to return to work under the Americans with Disabilities Act (ADA).

LONG TERM DISABILITY INSURANCE (LTDI)

TERMINATION OF GROUP LONG TERM DISABILITY INSURANCE:

LTDI will end automatically on the earliest of the following dates:

1. The date the policy terminates; or
2. The date the employee's employment terminates; or
3. The date the employee ceases to be a member. However, if the employee ceases to be a member because the employee is not working the required minimum number of hours, the employee's insurance will be continued during the following periods, unless it ends on one of the dates shown above:
 - a. While receiving paid vacation or sick leave
 - b. While the employee is disabled before the beginning date and while benefits are payable
 - c. During a leave of absence if continuation of insurance under the policy is required by the Family and Medical Leave Act
 - d. During periods of approved leave under Workers' Compensation status
 - e. During any other leave of absence approved by RCUH in advance and in writing and scheduled to last one pay period or less

LTDI AND TERMINATION OF EMPLOYMENT WITH RCUH:

If the employee's coverage is canceled, the employee may become insured again as a new member.

PLAN DOCUMENTS/CERTIFICATE OF COVERAGES:

Certificate of Coverage: LTDI

- **Employee earning less than \$8,000 per month (52 pages)**
- **Employee earning \$8,000 or more per month (52 pages)**

Summary of Benefits: LTDI

- **Employee earning less than \$8,000 per month**
- **Employee earning \$8,000 or more per month**

LONG TERM CARE INSURANCE (LTCI)

WHAT IT IS:

Long Term Care Insurance provides employees and their families financial assistance in meeting the financial impact of an extended illness, injury, or advancing age.

WHO IS COVERED:

RCUH Employees

WHO PAYS THE PREMIUM:

RCUH pays the entire monthly premium (refer to **RCUH Policy 3.510**) on behalf of the eligible employee. Premiums are collected from project accounts monthly during the first pay period (1st through the 15th of the month).

ELIGIBILITY:

Regular, Relief Status employees 75% FTE or greater. Eligible employees must be citizens or permanent residents of the United States with a green card. Employees must work and reside in the United States in order to be eligible for this benefit. LTC benefits are not available to non-U.S. citizens working outside the United States or Canada.

HOW TO ENROLL:

Automatic. No action needed.

WHEN COVERAGE BEGINS:

First of the month following eligibility in to the benefit (e.g., new hire, FTE change).

GROUP LONG TERM CARE INSURANCE PLAN MANAGEMENT:

UNUM administers the Long Term Care Insurance benefit offered through RCUH.

Webpage: <https://unuminfo.com/rcuh/default.aspx>



IMPORTANT: Enrollment/eligibility for the benefit is determined by RCUH. Enrollment/eligibility in benefit does not guarantee approval of claim. Claim eligibility is determined by the insurance vendor (UNUM).

LONG TERM CARE INSURANCE (LTCI)

BASE BENEFIT LEVEL:

- Facility monthly benefit: \$2,000
- Professional Home Care Services Monthly Benefit: \$1,000
- Assisted Living Facility Monthly Benefit: \$1,200
- Facility Benefit Duration: 3 years
- Professional Home Care Duration: 6 years
- Lifetime Maximum Benefit: \$72,000

COST OF COVERAGE:

Total cost is based on the age of the individual at the time of initial enrollment in the benefit. There are two employee rate classes based on the date of initial enrollment in the plan.

- a. **N01: All employees enrolled in the benefits June 30, 2022 or earlier**
- b. **N02: All employees enrolled in the benefit July 1, 2022 or later**

Medical underwriting and pre-qualification (i.e., guarantee issue regardless of medical history or condition) are not required for base benefit coverage at the time of hire or initial eligibility.

TERMINATION OF GROUP LONG TERM CARE INSURANCE:

LTCI will end automatically on the earliest of the following dates:

1. The date the policy terminates; or
2. The date the employee ceases to be a member of an eligible class; or
3. The date the employee enters the armed forces, other than for reserve duty of 30 days or less; or
4. The first day of the month prior to or following a period of leave without pay for non-disability reasons, for more than one pay period.

ELIMINATION PERIOD:

The elimination period is 90 days. The elimination period is the number of consecutive days during which the employee must be disabled and under the regular care of a physician before benefits become payable.

LONG TERM CARE INSURANCE (LTCI)

DEFINITION OF DISABLED:

"Disabled" for purposes of the LTCI policy is defined as being unable to perform, without substantial assistance from another individual, at least two activities of daily living, or requiring substantial supervision by another individual to protect the employee from threats to health or safety due to severe cognitive impairment.

Activities of daily living include:

- a. Bathing
- b. Dressing
- c. Toileting
- d. Transferring (i.e., moving into or out of bed, chair, or wheelchair)
- e. Continence
- f. Eating

LTCI CLAIMS PROCESS:

Contact RCUH Employee Benefits section to file a claim. The claims process includes:

- Individual Statement
- Authorization to Collect and Disclose Information
- Attending Physician Statement (to be completed by a licensed health care practitioner)

RCUH will coordinate the submission of claim paperwork to the insurer. A UNUM claims representative will reach out to the employee and will initiate the review process, which may include collection of pertinent medical and care records and on-staff nurse personal interview/assessments to make a determination on the claim.

WHEN EMPLOYEE IS ON EXTENDED SICK LEAVE (Benefit eligibility):

RCUH may continue insurance by paying premiums for employees due to injury or sickness up to three months. Extended absences (paid or unpaid) may affect claim eligibility.

WHEN EMPLOYEE ENTERS LEAVE WITHOUT PAY STATUS (Benefit eligibility):

Long Term Care benefit eligibility may continue during periods of non-Active Work due to periods of total disability while employee is on protected leave status. If the employee takes an unpaid leave (not protected) for the entire 1st-15th pay period or longer, their Long Term Care Insurance benefit eligibility will be terminated. Upon return to work, the employee is responsible for contacting the RCUH Employee Benefits section to ensure applicable benefits are reinstated.

LONG TERM CARE INSURANCE (LTCI)

CONVERSION UPON TERMINATION OF EMPLOYMENT:

LTCI coverage and premium rates with UNUM are portable for the employee. If an employee's coverage ends due to termination of employment or change in eligibility, the employee may maintain LTCI with UNUM by paying 100% of the premium directly to UNUM. The employee will enjoy the same premium rate as paid by or through RCUH. Employees have 30 days after loss of coverage to submit election to **continue Group Long Term Care Insurance**.

REINSTATEMENT OF INSURANCE:

If an employee's LTCI coverage is canceled, the employee may become insured again as a new member under the current rate class. However, if the insurance ends due to a leave of absence and the employee becomes a member again within six months, the employee shall be reinstated with coverage on the first day of the month following the date the employee returns to the eligible class at their former rate.

PLAN DOCUMENT:

Certificate of Coverage: RCUH Group Long Term Care Insurance - UNUM (32 pages)

SUPPLEMENTAL GROUP LONG TERM CARE INSURANCE (GLTCI)

WHAT IT IS:

Supplemental coverage above the base Long Term Care Insurance coverage may be purchased by the employee. Additional family members may also obtain Long Term Care Insurance at low group rates, but will be billed individually.

WHO IS COVERED:

RCUH Employees and eligible family members

ELIGIBLE FAMILY MEMBERS:

Eligible family members for the purpose of Group Long Term Care Insurance includes: employee's spouse, reciprocal beneficiary, parents, parents-in-law, grandparents, grandparents-in-law, siblings, and adult children. Family members must be between the ages of 18 to 84 years old at the time of enrollment.

WHO PAYS THE PREMIUM:

Employee via payroll deduction. Premiums for family members under the RCUH GLTCI plan will be paid to UNUM directly.

ELIGIBILITY:

Regular, Relief Status employees 75% FTE or greater enrolled in RCUH's Long Term Care Insurance benefit

WHEN TO ENROLL:

- New Hire: Within 30 days of the start of your employment with RCUH
- Open Enrollment Period

GROUP LONG TERM CARE INSURANCE PLAN MANAGEMENT:

UNUM administers the Long Term Care Insurance benefit offered through RCUH
Webpage: <https://unuminfo.com/rcuh/default.aspx>

SUPPLEMENTAL GROUP LONG TERM CARE INSURANCE (GLTCI)

MEDICAL UNDERWRITING PROCESS:

Employees and additional family members looking to obtain GLTCI may be subject to medical underwriting and pre-qualification for coverage up to specific limits as determined by the insurance company.

WHEN COVERAGE BEGINS:

Upon approval by GLTCI Provider (UNUM).

IF RCUH IS UNABLE TO COLLECT SUPPLEMENTAL GLTCI PREMIUMS:

Employees enrolled in Supplemental GLTCI are responsible for converting their plan to an individual plan and pay the vendor directly upon termination of eligibility or due to a leave without pay status. Upon return to work, the employee is responsible for contacting the RCUH Employee Benefits section to ensure applicable benefits are reinstated and to confirm supplemental and base premiums have been continuously paid and are up to date.

CONVERSION TO INDIVIDUAL PLAN UPON TERMINATION OF ELIGIBILITY:

GLTCI coverage and premium rates with UNUM are portable for the employee upon termination of benefit eligibility. Employees enrolled in Supplemental Long Term Care Insurance may opt to port their Long Term Care Insurance to an individual plan up to 30 days after their coverage eligibility with RCUH ends. If an employee's coverage ends due to termination of employment or change in eligibility, the employee may maintain their base coverage and supplemental coverage at the same premium rate as paid by or through RCUH by paying 100% of the premium directly to UNUM.

PLAN DOCUMENT:

Certificate of Coverage: RCUH Group Long Term Care Insurance - UNUM (32 pages)

IMPORTANT LEGAL NOTICES

The Research Corporation of the University of Hawai'i (RCUH) is required by law to share and post various federally required benefits notices and disclosures. This information can also be found at the [Benefits section of the RCUH Document Library](#).

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 eligible for 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 of the employee or spouse or a dependent child's losing eligibility for coverage as a dependent child) within 30 days of the event occurring, in order to have a right for COBRA continuation 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](#).

IMPORTANT LEGAL NOTICES

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 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;
- Prostheses; 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.

"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.

IMPORTANT LEGAL NOTICES

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.

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.

IMPORTANT LEGAL NOTICES

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.

APPENDIX

RCUH EMPLOYEE BENEFITS OVERVIEW BY STATUS AND FTE 83
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RCUH Employee Benefits Overview by Status and FTE

	RCUH Policy	Voluntary or Automatic Enrollment	Regular Status Employee Eligibility	Non-Recruited Employee Eligibility Temporary, Student Assistant, Intermittent	
1	Workers' Compensation	3.590	Automatic	Any FTE <i>UH Marine Center only: Ship/Sea Operations covered by Jones Act</i>	Eligible
2	UH ID Card	3.610	Voluntary	Any FTE	<i>Temporary employees may be eligible - contact RCUH Employment</i>
3	Service Awards	3.440		Any FTE	Not Eligible
4	Outstanding Employee of the Year	3.450		Any FTE	Not Eligible
5	Holidays (observed by the University of Hawai'i and Hawai'i State Agencies)	3.344	Automatic	Any FTE	Not Eligible
6	Vacation Leave - paid time off	3.620		Any FTE with vacation leave balance <i>(subject to annual Vacation Forfeiture)</i>	Not Eligible
	Vacation Leave Accrual	3.620	Automatic	50% and above	Not Eligible
	Vacation Leave Payout upon termination	3.620	Automatic	Any FTE with vacation leave balance	Not Eligible
7	Sick Leave - paid time off	3.640		50% and above; <i>TDI/ASL may be applicable to all employees</i>	<i>TDI/ASL may be applicable to all employees</i>
	Sick Leave Accrual	3.640	Automatic	50% and above	Not Eligible
	Advanced Sick Leave (ASL) - paid time off	3.640		50% and above	Not Eligible
	Temporary Disability - paid time off	3.640		Any FTE if not eligible for Advanced Sick Leave	Any FTE
	Sick Leave Payout upon termination	3.640	Automatic	50% and above	Not Eligible
8	Other Leaves - paid and/or unpaid time off: <i>Bereavement, Jury Duty, Blood Donation, Parent Teacher Conference, FMLA/HFLL, Military, Victim's Leave</i>	Various		Any FTE	<i>May be eligible for leave of absence - contact RCUH Employee Benefits</i>
9	Medical	3.520	Voluntary	50% and above	<i>May be eligible under Policy 3.520B</i>
10	Dental	3.520	Voluntary	50% and above	Not Eligible
11	Flexible Spending Accounts (FSA Healthcare, FSA Dependent Care)	3.530	Voluntary	50% and above	Not Eligible
12	Pre-Tax Transportation Accounts (Parking, Bus Pass)	3.530A	Voluntary	50% and above	Not Eligible
13	Group Retirement Annuity (401a employer contribution)	3.560	Automatic	50% and above	Not Eligible
14	Supplemental Retirement Annuity (403b employee contribution)	3.560	Voluntary	Any FTE	Any FTE
15	Life Insurance	3.540	Automatic	75% and above	Not Eligible
16	Long Term Disability (including Employee Assistance Program EAP)	3.570	Automatic	75% and above	Not Eligible
17	Long Term Care	3.545	Automatic	75% and above	Not Eligible
18	Supplemental Long Term Care	3.545	Voluntary	75% and above	Not Eligible
19	Tuition Expense Reimbursement	3.460		100% only	Not Eligible

RCUH EMPLOYEE BENEFITS DEDUCTION SCHEDULE

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

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

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

Employee Benefit (if enrolled) Bold indicates automatic enrollment once eligible	Enroll/ Make Changes During OE	Enroll/Make Changes Outside of OE (i.e., do not have to wait for OE)	1 st – 15 th Pay Period (*Pay day = 22 nd of same month)	16 th – End of the Month Pay Period (*Pay day = 7 th of following month)	Employee Deductions (from employee paycheck)	Employer Paid
PreTax Parking ("Parking Reimbursement" on pay statement)		✓	✓		✓	
PreTax Transit ("Bus Pass Spending Account" on pay statement)		✓	✓			
Group Retirement Annuity (GRA) 401(a)			✓	✓		✓
Supplemental Retirement Annuity (SRA) 403(b) ("Tax Sheltered Annuity" on pay statement)		✓	✓	✓	✓	
**Life Insurance	✓ Change amount (may require medical underwriting)		✓			✓
**Long Term Disability			✓			✓
**Long Term Care			✓			✓
**Supplemental Long Term Care (additional coverage on top of base Long Term Care)	✓ May enroll self and/or add eligible family members		✓		✓ If you enroll for yourself, this will be deducted from your paycheck. If you enroll an eligible family member, you will pay this directly to UNUM.	

RCUH EMPLOYEE BENEFITS DEADLINE SCHEDULE

For Health Insurance (medical and/or dental):

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

Earliest Effective Date	Health Enrollment/Change B5H Form Deadline	Health Deductions Will Occur in Pay Period	Health Enrollment/Change Will Appear on Pay Statement (*Pay Day)
1/1	12/20	12/16 - 12/31	1/7
1/16	-	-	-
2/1	1/20	1/16 - 1/31	2/7
2/16	-	-	-
3/1	2/20	2/16 - 2/29	3/7
3/16	-	-	-
4/1	3/20	3/16 - 3/31	4/7
4/16	-	-	-
5/1	4/20	4/16 - 4/30	5/7
5/16	-	-	-
6/1	5/20	5/16 - 5/31	6/7
6/16	-	-	-
7/1	6/20	6/16 - 6/30	7/7
7/16	-	-	-
8/1	7/20	7/16 - 7/31	8/7
8/16	-	-	-
9/1	8/20	8/16 - 8/31	9/7
9/16	-	-	-
10/1	9/20	9/16 - 9/30	10/7
10/16	-	-	-
11/1	10/20	10/16 - 10/31	11/7
11/16	-	-	-
12/1	11/20	11/16 - 11/30	12/7
12/16	-	-	-

For PreTax Transit (bus pass only), PreTax Parking, Supplemental Retirement Annuity (SRA) 403(b):

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

Earliest Effective Date	PreTax Transit (bus pass) Enrollment/Change Form Deadline	PreTax Transit (bus pass) Deductions Will Occur in Pay Period	PreTax Transit (bus pass) Enrollment/Change Will Appear on Pay Statement (*Pay Day)	PreTax Parking Enrollment/Change Form Deadline	SRA 403(b) Enrollment/Change Form Deadline	Deductions Will Occur in Pay Period	Enrollment/Change Will Appear on Pay Statement (*Pay Day)
1/1	12/10	12/1 - 12/15	12/22	1/10	1/25	1/1 - 1/15	1/22
1/16	-	-	-	-	2/10	1/16 - 1/31	2/7
2/1	1/10	1/1-1/15	1/22	2/10	2/25	2/1 - 2/15	2/22
2/16	-	-	-	-	3/10	2/16 - 2/29	3/7
3/1	2/10	2/1-2/15	2/22	3/10	3/25	3/1 - 3/15	3/22
3/16	-	-	-	-	4/10	3/16 - 3/31	4/7
4/1	3/10	3/1 - 3/15	3/22	4/10	4/25	4/1 - 4/15	4/22
4/16	-	-	-	-	5/10	4/16 - 4/30	5/7
5/1	4/10	4/1 - 4/15	4/22	5/10	5/25	5/1 - 5/15	5/22
5/16	-	-	-	-	6/10	5/16 - 5/31	6/7
6/1	5/10	5/1 - 5/15	5/22	6/10	6/25	6/1 - 6/15	6/22
6/16	-	-	-	-	7/10	6/16 - 6/30	7/7
7/1	6/10	6/1 - 6/15	6/22	7/10	7/25	7/1 - 7/15	7/22
7/16	-	-	-	-	8/10	7/16 - 7/31	8/7
8/1	7/10	7/1 - 7/15	7/22	8/10	8/25	8/1 - 8/15	8/22
8/16	-	-	-	-	9/10	8/16 - 8/31	9/7
9/1	8/10	8/1 - 8/15	8/22	9/10	9/25	9/1 - 9/15	9/22
9/16	-	-	-	-	10/10	9/16 - 9/30	10/7
10/1	9/10	9/1 - 9/15	9/22	10/10	10/25	10/1 - 10/15	10/22
10/16	-	-	-	-	11/10	10/16 - 10/31	11/7
11/1	10/10	10/1 - 10/15	10/22	11/10	11/25	11/1 - 11/15	11/22
11/16	-	-	-	-	12/10	11/16 - 11/30	12/7
12/1	11/10	11/1 - 11/15	11/22	12/10	12/25	12/1 - 12/15	12/22
12/16	-	-	-	-	1/10	12/1 - 12/15	1/7

